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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

|                                                             |                                |                      |                            |                      |                 | Office Use O   | nly                                         |
|-------------------------------------------------------------|--------------------------------|----------------------|----------------------------|----------------------|-----------------|----------------|---------------------------------------------|
| NAME OF TOOMMITTEE (in full)                                | YPE OR PRINT ▼                 |                      | mple: If typion the lines. | ng, type             | 12FE4M5         | 5              |                                             |
| American Academy of F                                       | amily Physicia                 | ns Political         | Action C                   | ommittee             |                 |                |                                             |
|                                                             |                                |                      |                            |                      |                 |                |                                             |
| ADDRESS (number and street)                                 | 1133 Connecticut Av            | renue, NW            |                            |                      |                 |                |                                             |
| Check if different                                          | Suite 1100                     |                      | 1 1 1 1                    |                      |                 |                |                                             |
| than previously reported. (ACC)                             | Washington                     |                      |                            |                      | DC              | 20036          |                                             |
| 2. FEC IDENTIFICATION NUM                                   | MBER ▼                         | CITY ▲               |                            | ;                    | STATE A         | ZIP            | CODE A                                      |
| C C00411553                                                 |                                | 3. IS THIS<br>REPORT |                            | NEW<br>(N) <b>OR</b> | Al (A           | MENDED<br>)    |                                             |
| 4. TYPE OF REPORT (Choose One)                              | (b) Monthly<br>Report          | Feb 20 (M2)          |                            | May 20 (M5)          | Aug             | 20 (M8)        | Nov 20 (M11)<br>(Non-Election<br>Year Only) |
| (a) Quarterly Reports:                                      | Due On:                        | Mar 20 (M3)          |                            | Jun 20 (M6)          |                 | 20 (M9)        | Dec 20 (M12)<br>(Non-Election<br>Year Only) |
| April 15                                                    |                                | Apr 20 (M4)          |                            | Jul 20 (M7)          | Oct             | 20 (M10)       | Jan 31 (YE)                                 |
| Quarterly Report (Q1)  July 15  Quarterly Report (Q2)       | (c) 12-Day<br>PRE-Elect        |                      | Primary (12F               |                      | General         |                | Runoff (12R)                                |
| October 15 Quarterly Report (Q3)                            | Report for                     | the:                 | Convention (               | (12C)                | Special         | (12S)          |                                             |
| January 31 Year-End Report (YE)                             |                                | Election on          | M = M /                    | D D /                | Y               |                | the ate of                                  |
| July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY) | (d) 30-Day POST-Ele Report for |                      | General (300               | G)                   | Runoff (        | 30R)           | Special (30S)                               |
| Termination Report (TER)                                    | nepoit ioi                     | Election on          | M = M /                    | D = D /              | Y " Y " Y " Y   |                | the ate of                                  |
| 5. Covering Period 10                                       | / D D / Y                      | 2013                 | through                    | M M M                | 31              | 2013           | Y                                           |
| certify that I have examined this                           |                                | pest of my kno       | wledge and                 | belief it is tru     | e, correct an   | d complete.    |                                             |
| Type or Print Name of Treasurer                             | Hugh M Taylor MD               |                      |                            |                      |                 |                |                                             |
| Signature of Treasurer  Hugh M                              | 1 Taylor MD                    |                      | [Electronicall             | y Filed]             | ate 11          | / 20           | 2013                                        |
| NOTE: Submission of false, erroneo                          | us, or incomplete info         | ormation may su      | bject the per              | son signing th       | nis Report to t | he penalties o | of 2 U.S.C. §437g.                          |
| Office<br>Use<br>Only                                       |                                |                      |                            |                      |                 |                | ORM 3X<br>12/2004                           |

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 10 01 2013 To: 10 31 2013

|    |                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|--|--|--|--|
| i. | (a) Cash on Hand  January 1,  2013                                                               |                         | 402087.22                         |  |  |  |  |
|    | (b) Cash on Hand at Beginning of Reporting Period                                                | 346042.91               |                                   |  |  |  |  |
|    | (c) Total Receipts (from Line 19)                                                                | 60030.57                | 347303.84                         |  |  |  |  |
|    | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)         | 406073.48               | 749391.06                         |  |  |  |  |
|    | Total Disbursements (from Line 31)                                                               | 10236.97                | 353554.55                         |  |  |  |  |
|    | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                       | 395836.51               | 395836.51                         |  |  |  |  |
|    | Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                    |                                   |  |  |  |  |
| ). | Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                    |                                   |  |  |  |  |

X

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Academy of Family Physicians Political Action Committee

|                                                  | COLUMN A                      | COLUMN B  |  |  |  |  |  |
|--------------------------------------------------|-------------------------------|-----------|--|--|--|--|--|
| I. Receipts                                      | I. Receipts Total This Period |           |  |  |  |  |  |
| . Contributions (other than loans) From:         |                               |           |  |  |  |  |  |
| (a) Individuals/Persons Other                    |                               |           |  |  |  |  |  |
| Than Political Committees                        | 40334.07                      | 232716.53 |  |  |  |  |  |
| (i) Itemized (use Schedule A)                    | 7                             | 7         |  |  |  |  |  |
| (ii) Unitemized                                  | 19696.50                      | 104224.06 |  |  |  |  |  |
| (iii) TOTAL (add                                 |                               |           |  |  |  |  |  |
| Lines 11(a)(i) and (ii)▶                         | 60030.57                      | 336940.59 |  |  |  |  |  |
|                                                  | 0.00                          | 0.00      |  |  |  |  |  |
| (b) Political Party Committees                   | 0.00                          | 0.00      |  |  |  |  |  |
| (c) Other Political Committees                   | 0.00                          | 0.00      |  |  |  |  |  |
| (such as PACs)(d) Total Contributions (add Lines | 7                             | 0.00      |  |  |  |  |  |
| 11(a)(iii), (b), and (c)) (Carry                 |                               |           |  |  |  |  |  |
| Totals to Line 33, page 5)▶                      | 60030.57                      | 336940.59 |  |  |  |  |  |
| . Transfers From Affiliated/Other                |                               |           |  |  |  |  |  |
| Party Committees                                 | 0.00                          | 0.00      |  |  |  |  |  |
|                                                  | 2.22                          |           |  |  |  |  |  |
| 8. All Loans Received                            | 0.00                          | 0.00      |  |  |  |  |  |
|                                                  |                               |           |  |  |  |  |  |
| Loan Repayments Received                         | 0.00                          | 0.00      |  |  |  |  |  |
| 6. Offsets To Operating Expenditures             |                               |           |  |  |  |  |  |
| (Refunds, Rebates, etc.)                         | 0.00                          | 2863.25   |  |  |  |  |  |
| (Carry Totals to Line 37, page 5)                | 0.00                          | 2003.23   |  |  |  |  |  |
| to Federal Candidates and Other                  |                               |           |  |  |  |  |  |
| Political Committees                             | 0.00                          | 7500.00   |  |  |  |  |  |
| 7. Other Federal Receipts                        |                               |           |  |  |  |  |  |
| (Dividends, Interest, etc.)                      | 0.00                          | 0.00      |  |  |  |  |  |
| . Transfers from Non-Federal and Levin Funds     |                               | 7         |  |  |  |  |  |
| (a) Non-Federal Account                          |                               |           |  |  |  |  |  |
| (from Schedule H3)                               | 0.00                          | 0.00      |  |  |  |  |  |
|                                                  |                               |           |  |  |  |  |  |
| (b) Levin Funds (from Schedule H5)               | 0.00                          | 0.00      |  |  |  |  |  |
| (c) Total Transfers (add 18(a) and 18(b))        | 0.00                          | 0.00      |  |  |  |  |  |
| (c) Total Hallsters (add 10(d) allu 10(D))       | 0.00                          | 0.00      |  |  |  |  |  |
|                                                  |                               |           |  |  |  |  |  |
| . Total Receipts (add Lines 11(d),               |                               |           |  |  |  |  |  |
| 12, 13, 14, 15, 16, 17, and 18(c))               | 60030.57                      | 347303.84 |  |  |  |  |  |
| , -,,,,,,,,,                                     | 3333.5.                       |           |  |  |  |  |  |
| . Total Federal Receipts                         |                               |           |  |  |  |  |  |
| (subtract Line 18(c) from Line 19)▶              | 60030.57                      | 347303.84 |  |  |  |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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| II. Disbursements                                              | COLUMN A Total This Period              | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------|-----------------------------------------|-----------------------------------|
| . Operating Expenditures:  (a) Allocated Federal/Non-Federal   |                                         |                                   |
| Activity (from Schedule H4) (i) Federal Share                  | 0.00                                    | 0.00                              |
| (i) Federal Share                                              |                                         |                                   |
| (ii) Non-Federal Share                                         | 0.00                                    | 0.00                              |
| (b) Other Federal Operating  Expenditures                      | 736.97                                  | 4836.22                           |
| (c) Total Operating Expenditures                               | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | 7000.22                           |
| (add 21(a)(i), (a)(ii), and (b))▶                              | 736.97                                  | 4836.22                           |
| Transfers to Affiliated/Other Party                            | 0.00                                    | 0.00                              |
| Contributions to                                               | 0.00                                    | 0.00                              |
| Federal Candidates/Committees and Other Political Committees   | 9000.00                                 | 347500.00                         |
| Independent Expenditures                                       | 0.00                                    | 0.00                              |
| (use Schedule E) Coordinated Party Expenditures                | 0.00                                    | 0.00                              |
| (2 U.S.C. §441a(d))<br>(use Schedule F)                        | 0.00                                    | 0.00                              |
|                                                                |                                         |                                   |
| Loan Repayments Made                                           | 0.00                                    | 0.00                              |
| Loans Made                                                     | 0.00                                    | 0.00                              |
| Refunds of Contributions To: (a) Individuals/Persons Other     |                                         |                                   |
| Than Political Committees                                      | 500.00                                  | 1218.33                           |
| (b) Political Party Committees                                 | 0.00                                    | 0.00                              |
| (c) Other Political Committees                                 |                                         |                                   |
| (such as PACs)                                                 | 0.00                                    | 0.00                              |
| (d) Total Contribution Refunds                                 |                                         |                                   |
| (add Lines 28(a), (b), and (c))▶                               | 500.00                                  | 1218.33                           |
|                                                                |                                         | 0.00                              |
| Other Disbursements                                            | 0.00                                    | 0.00                              |
| Federal Election Activity (2 U.S.C. §431(20))                  |                                         |                                   |
| (a) Allocated Federal Election Activity                        |                                         |                                   |
| (from Schedule H6) (i) Federal Share                           | 0.00                                    | 0.00                              |
| () - 54514 51415                                               |                                         |                                   |
| (ii) "Levin" Share                                             | 0.00                                    | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00                                    | 0.00                              |
| (c) Total Federal Election Activity (add                       |                                         |                                   |
| Lines 30(a)(i), 30(a)(ii) and 30(b))▶                          | 0.00                                    | 0.00                              |
| Total Disbursements (add Lines 21(c), 22,                      |                                         |                                   |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                       | 10236.97                                | 353554.55                         |
|                                                                | 7                                       | 7                                 |
| Total Federal Disbursements                                    |                                         |                                   |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)      | 10236.97                                | 353554.55                         |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                               | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)         | 60030.57                      | 336940.59                         |
| 4. Total Contribution Refunds (from Line 28(d))                             | 500.00                        | 1218.33                           |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 59530.57                      | 335722.26                         |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 736.97                        | 4836.22                           |
| 7. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 2863.25                           |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36)               | 736.97                        | 1972.97                           |

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: |                  |   |     |  |     | PAGE | 6   | OF | 57 |    |
|------------------|------------------|---|-----|--|-----|------|-----|----|----|----|
|                  | (check only one) |   |     |  |     |      |     |    |    |    |
|                  | [:               | X | 11a |  | 11b |      | 11c | 12 | !  |    |
|                  |                  |   | 13  |  | 14  |      | 15  | 16 | ;  | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| or for commercial purposes, other than using t                                                     | he name and address of any political committee to      | solicit contributions from such committee.                                |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) American Academy of Family                                             | Physicians Political Action Committ                    | tee                                                                       |
| Full Name (Last, First, Middle Initial)  A. Donald W Allen MD                                      |                                                        | Date of Receipt                                                           |
| Mailing Address PO Box 865 830 East 1120 South                                                     | 7. 6. 1                                                | 10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                 |
| City<br>Coalville                                                                                  | State Zip Code UT 84017-0865                           | Transaction ID : C2456052  Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.                                         | C                                                      | 200.00                                                                    |
| Name of Employer<br>Self Employed                                                                  | Occupation Physician                                   |                                                                           |
| Receipt For:  Primary General  Other (specify) ▼                                                   | Aggregate Year-to-Date ▼  800.00                       |                                                                           |
| Full Name (Last, First, Middle Initial)  Suzanne M Allen MD  Mailing Address 2889 S Swallowtail Ln |                                                        | Date of Receipt                                                           |
| City<br>Boise                                                                                      | State         Zip Code           ID         83706-6139 | 10 02 2013  Transaction ID : C2439359  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                         | С                                                      | 1000.00                                                                   |
| Name of Employer University of Washington School of Med                                            | Occupation Physician                                   |                                                                           |
| Receipt For:  Primary General  Other (specify) ▼                                                   | Aggregate Year-to-Date ▼  2000.00                      |                                                                           |
| Full Name (Last, First, Middle Initial)  Julie Kay Anderson MD                                     |                                                        | Date of Receipt                                                           |
| Mailing Address 2248 Chelmsford Ln                                                                 |                                                        | 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |
| City<br>Saint Cloud                                                                                | State Zip Code<br>MN 56301-9012                        | Transaction ID : C2439349  Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.                                         | C                                                      | 325.00                                                                    |
| Name of Employer  St. Cloud Medical Group  Receipt For:  Primary General  Other (specify) ▼        | Occupation Phycisian  Aggregate Year-to-Date ▼  325.00 |                                                                           |
| SUBTOTAL of Receipts This Page (optional).                                                         |                                                        | 1525.00                                                                   |
| TOTAL This Period (last page this line number                                                      | er only)                                               |                                                                           |

| FOR LINE NUMBER: |   |     |  |     |  | PAGE | 7  | OF | 57 |
|------------------|---|-----|--|-----|--|------|----|----|----|
| (check only one) |   |     |  |     |  |      |    |    |    |
|                  | X | 11a |  | 11b |  | 11c  | 12 | 2  |    |
|                  |   | 13  |  | 14  |  | 15   | 16 | 6  | 17 |

| or for commercial purposes, other than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rts and Statements may not be sold or used by any persusing the name and address of any political committee t |                                    |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | mily Physicians Political Action Occurry                                                                      | too                                |  |  |  |  |
| /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | mily Physicians Political Action Commit                                                                       | <u></u>                            |  |  |  |  |
| Full Name (Last, First, Middle Initial) <b>A.</b> Frederic Baker MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               | Date of Receipt                    |  |  |  |  |
| Mailing Address 32 Mark Cir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               | 10 01 2013                         |  |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State Zip Code                                                                                                | Transaction ID : C2437751          |  |  |  |  |
| Holden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MA 01520-1410                                                                                                 | Amount of Each Receipt this Period |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C                                                                                                             | 365.00                             |  |  |  |  |
| Name of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Occupation                                                                                                    | 1                                  |  |  |  |  |
| ИММНС                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Physician                                                                                                     |                                    |  |  |  |  |
| Receipt For:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Aggregate Year-to-Date ▼                                                                                      | 1                                  |  |  |  |  |
| Primary General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.0                                                                                                           |                                    |  |  |  |  |
| Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 365.00                                                                                                        |                                    |  |  |  |  |
| Full Name (Last, First, Middle Initial)  3. David Orrin Barbe MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | Date of Receipt                    |  |  |  |  |
| Mailing Address 120 W 16th St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | 10 02 2013 _                       |  |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State Zip Code                                                                                                | Transaction ID : C2439618          |  |  |  |  |
| Mountain Grove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MO 65711-1039                                                                                                 | Amount of Each Receipt this Period |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C                                                                                                             | 1000.00                            |  |  |  |  |
| Name of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Occupation                                                                                                    | 1                                  |  |  |  |  |
| Self Employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Physician                                                                                                     |                                    |  |  |  |  |
| Receipt For:  Primary  General  Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Aggregate Year-to-Date ▼                                                                                      |                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1000.00                                                                                                       |                                    |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Justin V Bartos MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               | Date of Receipt                    |  |  |  |  |
| Mailing Address 4300 Cagle Dr<br>Ste 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               | 10 23 2013                         |  |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State Zip Code                                                                                                | Transaction ID : C2453013          |  |  |  |  |
| North Richland Hills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TX 76180-8380                                                                                                 | Amount of Each Receipt this Period |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C                                                                                                             | 42.00                              |  |  |  |  |
| Name of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ne of Employer Occupation                                                                                     |                                    |  |  |  |  |
| North Hills Family Medicine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Physician                                                                                                     |                                    |  |  |  |  |
| Receipt For:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Aggregate Year-to-Date ▼                                                                                      | 1                                  |  |  |  |  |
| Primary General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                    |  |  |  |  |
| Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 420.00                                                                                                        |                                    |  |  |  |  |
| SURTOTAL of Receipts This Page (only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tional)                                                                                                       | 1407.00                            |  |  |  |  |
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| TOTAL This Period (last page this line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | number only)                                                                                                  |                                    |  |  |  |  |

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| or for commercial purposes, other than using t                                                   | he name and address of any political committee to | solicit contributions from such committee.                    |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) American Academy of Family                                           | Physicians Political Action Committ               | tee                                                           |
| Full Name (Last, First, Middle Initial)  1. Thomas E Bat MD                                      |                                                   | Date of Receipt                                               |
| Mailing Address 3400 Old Milton Pkwy Ste 270 City                                                | State Zip Code                                    | 10 03 2013                                                    |
| Alpharetta                                                                                       | GA 30005-3707                                     | Transaction ID : C2439904  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                       | C                                                 | 2500.00                                                       |
| Name of Employer                                                                                 | Occupation                                        |                                                               |
| North Fulton Fam Medicine PC  Receipt For:  □ Primary □ General  Other (specify) ▼               | Physician  Aggregate Year-to-Date ▼  2500.00      |                                                               |
| Full Name (Last, First, Middle Initial)  Joane Goforth Baumer MD  Mailing Address 910 Houston St |                                                   | Date of Receipt                                               |
| Apt 701<br>City                                                                                  | State Zip Code                                    | 10 16 2013<br>Transaction ID : C2450144                       |
| Fort Worth                                                                                       | TX 76102-6224                                     | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                                       | C                                                 | 80.00                                                         |
| Name of Employer<br>Self Employed                                                                | Occupation                                        |                                                               |
| Receipt For:  Primary General  Other (specify) ▼                                                 | Physician  Aggregate Year-to-Date ▼  480.00       |                                                               |
| Full Name (Last, First, Middle Initial)  C. Gordon Hugh Baustian MD                              |                                                   | Date of Receipt                                               |
| Mailing Address 3864 Lost Valley Rd SE                                                           |                                                   | 10 30 2013                                                    |
| City<br>Cedar Rapids                                                                             | State Zip Code<br>IA 52403-2008                   | Transaction ID : C2457399  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                       | C                                                 | 100.00                                                        |
| Name of Employer  MCHSI  Receipt For:  Primary  General                                          | Occupation Physician Aggregate Year-to-Date ▼     |                                                               |
| Other (specify) ▼                                                                                | 600.00                                            |                                                               |
| SUBTOTAL of Receipts This Page (optional).                                                       | <b>&gt;</b>                                       | 2680.00                                                       |
| TOTAL This Period (last page this line number                                                    | er only)                                          |                                                               |

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Melissa Blair Behringer MD Date of Receipt Mailing Address 301 Governors Dr SW 10 03 2013 City State Zip Code Transaction ID: C2439873 ΑL 35801-5123 Huntsville Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial)

| B. T James Bell Jr                                                | Date of Receipt                  |                                    |  |  |  |  |  |
|-------------------------------------------------------------------|----------------------------------|------------------------------------|--|--|--|--|--|
| Mailing Address 701 Medical Park Dr                               | Ste 206                          | 10 09 2013                         |  |  |  |  |  |
| City                                                              | State Zip Code                   | Transaction ID : C2445446          |  |  |  |  |  |
| Hartsville                                                        | SC 29550-4778                    | Amount of Each Receipt this Period |  |  |  |  |  |
| FEC ID number of contributing federal political committee.        | C                                | 100.00                             |  |  |  |  |  |
| Name of Employer                                                  | Occupation                       | -                                  |  |  |  |  |  |
| HMA-The Medical Group                                             | Physician                        |                                    |  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                  | Aggregate Year-to-Date ▼  250.00 |                                    |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. Reid B Blackwelder MD |                                  | Date of Receipt                    |  |  |  |  |  |
| Mailing Address 4407 Leedy Rd 201 Cassel Dr                       |                                  | 10 10 2013                         |  |  |  |  |  |
| City                                                              | State Zip Code                   | Transaction ID : C2445617          |  |  |  |  |  |
| Kingsport                                                         | TN 37664-2117                    | Amount of Each Receipt this Period |  |  |  |  |  |
| FEC ID number of contributing federal political committee.        | C                                | 100.00                             |  |  |  |  |  |
| Name of Employer                                                  | Name of Employer Occupation      |                                    |  |  |  |  |  |
| Quillen College of Medicine                                       | Professor, Family Medicine       |                                    |  |  |  |  |  |
| Receipt For:                                                      | Aggregate Vear-to-Date ▼         | 1                                  |  |  |  |  |  |

700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Aggregate Year-to-Date ▼

Primary

Other (specify)

General

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| NAME OF COMMITTEE (In Full)  American Academy of Family                                          | y Physicians Political Action Comm | ittee                                                         |
|--------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)  Mott Parks Blair MD  Mailing Address 411 E Westbrook St |                                    | Date of Receipt                                               |
|                                                                                                  |                                    | 10 30 2013                                                    |
| City                                                                                             | State Zip Code<br>NC 28466-1514    | Transaction ID : C2456491                                     |
| Wallace                                                                                          | NC 28466-1514                      | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                                       | C                                  | 41.00                                                         |
| Name of Employer                                                                                 | Occupation                         |                                                               |
| Vidant Medicine - Greenville, NC                                                                 | Physician                          |                                                               |
| Receipt For:                                                                                     | Aggregate Year-to-Date ▼           |                                                               |
| Primary General  Other (specify) ▼                                                               | 287.00                             |                                                               |
| Full Name (Last, First, Middle Initial)  Kathleen A Bliese Walk MD                               | <u>'</u>                           | Date of Receipt                                               |
| Mailing Address 210 Lakeside Dr                                                                  |                                    | M = M / D = D / Y = Y = Y                                     |
| City                                                                                             | State Zip Code                     | 10 02 2013                                                    |
| Grand Island                                                                                     | NE 68801-8536                      | Transaction ID : C2439594  Amount of Each Receipt this Period |
| FEC ID number of contributing                                                                    | 0000                               | Amount of Lacif necespt this Fellou                           |
| federal political committee.                                                                     | C                                  | 365.00                                                        |
| Name of Employer                                                                                 | Occupation                         |                                                               |
| Self Employed                                                                                    | Physician                          |                                                               |
| Receipt For:                                                                                     | Aggregate Year-to-Date ▼           |                                                               |
| Primary General Other (specify) ▼                                                                | 365.00                             |                                                               |
| Full Name (Last, First, Middle Initial)  Edward Asher Blumen MD                                  | I                                  | Date of Receipt                                               |
| Mailing Address 1720 Maple Ave Apt 2010                                                          |                                    | 10 02 2013                                                    |
| City                                                                                             | State Zip Code                     | Transaction ID : C2439648                                     |
| Evanston                                                                                         | IL 60201-3143                      | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                                       | C                                  | 250.00                                                        |
| Name of Employer                                                                                 | Occupation                         |                                                               |
| Self Employed                                                                                    | Physician                          |                                                               |
| Receipt For:                                                                                     | Aggregate Year-to-Date ▼           |                                                               |
| Primary General Other (specify) ▼                                                                | 250.00                             |                                                               |
| SUBTOTAL of Receipts This Page (optiona                                                          | )                                  | 656.00                                                        |
|                                                                                                  | ,                                  |                                                               |

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| NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                            | the name and address of any political committee  Physicians Political Action Commi                  |                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)  Arlene M Brown MD  Mailing Address 1401 Sudderth Dr  City Ruidoso  FEC ID number of contributing federal political committee.  Name of Employer Ruidoso Family Medicine Group Receipt For:  Primary General Other (specify)   | State Zip Code NM 88345-6104  C  Occupation Physician  Aggregate Year-to-Date ▼  400.00             | Date of Receipt  10 02 2013  Transaction ID : C2439357  Amount of Each Receipt this Period  400.00 |
| Full Name (Last, First, Middle Initial)  Melissa Ilene Brown MD  Mailing Address 716 Eastbrooke Ln  City  Rochester  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For:  Primary General Other (specify) | State Zip Code NY 14618-5232  C  Occupation Information Requested  Aggregate Year-to-Date ▼  250.00 | Date of Receipt  10 14 2013  Transaction ID: C2447737  Amount of Each Receipt this Period  50.00   |
| Full Name (Last, First, Middle Initial)  Jennifer L Brull MD  Mailing Address PO Box 147 3000 US HWY 183  City Plainville  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary General Other (specify)  | State Zip Code KS 67663-0147  C  Occupation Physician  Aggregate Year-to-Date ▼  550.00             | Date of Receipt  10 02 2013  Transaction ID: C2439363  Amount of Each Receipt this Period  50.00   |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                              | <u> </u>                                                                                            | 500.00                                                                                             |

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| or for commercial purposes, other than using                                                         | the name and address of any political committee to      | solicit contributions from such committee.                                |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) American Academy of Family                                               | Physicians Political Action Committ                     | tee                                                                       |
| Full Name (Last, First, Middle Initial)  1. Jennifer Jo Buescher MD                                  |                                                         | Date of Receipt                                                           |
| Mailing Address 4200 Douglas St<br>4200 Douglas St                                                   |                                                         | 10 02 2013                                                                |
| City<br>Omaha                                                                                        | State Zip Code<br>NE 68131-2705                         | Transaction ID : C2439582  Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.                                           | C                                                       | 250.00                                                                    |
| Name of Employer Self Employed                                                                       | Occupation Physician                                    |                                                                           |
| Receipt For:  Primary General  Other (specify) ▼                                                     | Aggregate Year-to-Date ▼ 250.00                         |                                                                           |
| Full Name (Last, First, Middle Initial)  Angela Caffaratti MD  Mailing Address 345 Delegate Dr       |                                                         | Date of Receipt  10 03 2013                                               |
| City<br>Columbus                                                                                     | State Zip Code OH 43235-1470                            | 10 03 2013  Transaction ID : C2439753  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                           | C                                                       | 50.00                                                                     |
| Name of Employer MT CARMEL MEDICAL GROUP                                                             | Occupation PHYSICIAN                                    |                                                                           |
| Receipt For:  Primary General  Other (specify) ▼                                                     | Aggregate Year-to-Date ▼ 350.00                         |                                                                           |
| Full Name (Last, First, Middle Initial)  Mary F Campagnolo MD                                        |                                                         | Date of Receipt                                                           |
| Mailing Address 1561 Route 38 Ste 6                                                                  |                                                         | 10 23 2013                                                                |
| City Lumberton                                                                                       | State Zip Code<br>NJ 08048-2939                         | Transaction ID : C2453012  Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.                                           | С                                                       | 100.00                                                                    |
| Name of Employer  Virtua Medical Group, Marlton NJ  Receipt For:  Primary General  Other (specify) ▼ | Occupation Physician  Aggregate Year-to-Date ▼  1000.00 |                                                                           |
| SUBTOTAL of Receipts This Page (optional)                                                            |                                                         | 400.00                                                                    |
| TOTAL This Period (last page this line numb                                                          | er only)                                                |                                                                           |

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| Any information copied from such Reports an<br>or for commercial purposes, other than using | d Statements may not be sold or used by any per<br>the name and address of any political committee to | son for the purpose of soliciting contributions to solicit contributions from such committee. |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) American Academy of Family                                      | Physicians Political Action Commit                                                                    | ttee                                                                                          |
| Full Name (Last, First, Middle Initial) Helar E Campos MD  Mailing Address 2 Ab J Vices     |                                                                                                       | Date of Receipt                                                                               |
| Mailing Address 9 Abel Xing                                                                 |                                                                                                       | 10 04 2013                                                                                    |
| City                                                                                        | State Zip Code                                                                                        | Transaction ID : C2440723                                                                     |
| Norwich                                                                                     | CT 06360-6460                                                                                         | Amount of Each Receipt this Period                                                            |
| FEC ID number of contributing federal political committee.                                  | C                                                                                                     | 370.00                                                                                        |
| Name of Employer                                                                            | Occupation                                                                                            | †                                                                                             |
| Self Employed                                                                               | Physician                                                                                             |                                                                                               |
| Receipt For: Primary General                                                                | Aggregate Year-to-Date ▼                                                                              |                                                                                               |
| Other (specify)                                                                             | 370.00                                                                                                |                                                                                               |
| Full Name (Last, First, Middle Initial)  Lee Marvin Carter MD                               | '                                                                                                     | Date of Receipt                                                                               |
| Mailing Address PO BOX 506                                                                  |                                                                                                       | 10 30 2013                                                                                    |
| City                                                                                        | State Zip Code                                                                                        | Transaction ID : C2456492                                                                     |
| Huntingdon                                                                                  | TN 38344-0506                                                                                         | Amount of Each Receipt this Period                                                            |
| FEC ID number of contributing federal political committee.                                  | C                                                                                                     | 100.00                                                                                        |
| Name of Employer<br>Self-Employed                                                           | Occupation                                                                                            | _                                                                                             |
|                                                                                             | Physician                                                                                             | 4                                                                                             |
| Receipt For:    Primary   General                                                           | Aggregate Year-to-Date ▼                                                                              |                                                                                               |
| Other (specify) ▼                                                                           | 700.00                                                                                                |                                                                                               |
| Full Name (Last, First, Middle Initial)  Susan Archer Chiarito MD                           | '                                                                                                     | Date of Receipt                                                                               |
| Mailing Address 1901 Mission 66                                                             |                                                                                                       | 10 16 2013                                                                                    |
| City<br>Vicksburg                                                                           | State Zip Code<br>MS 39180-3711                                                                       | Transaction ID : C2450143                                                                     |
|                                                                                             | 39100-3/11                                                                                            | Amount of Each Receipt this Period                                                            |
| FEC ID number of contributing federal political committee.                                  | C                                                                                                     | 41.00                                                                                         |
| Name of Employer                                                                            | Occupation                                                                                            | 1                                                                                             |
| Mission Primary Care Clinic                                                                 | Physician                                                                                             | _                                                                                             |
| Receipt For:                                                                                | Aggregate Year-to-Date ▼                                                                              |                                                                                               |
| Primary General Other (specify) ▼                                                           | 246.00                                                                                                |                                                                                               |
| SUBTOTAL of Receipts This Page (optional)                                                   | )                                                                                                     | 511.00                                                                                        |
| TOTAL This Period (last page this line numb                                                 | <u>`</u>                                                                                              |                                                                                               |

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| NAME OF COMMITTEE (In Full)                                                                          | , p. 3.500 55.000000 0              | 211 25                             |
| , ,                                                                                                  | nysicians Political Action Committe | ее                                 |
| Full Name (Last, First, Middle Initial)  Jonathan Mitchell Cook DO                                   |                                     | Date of Receipt                    |
| Mailing Address 632 Chesterfield Rd                                                                  |                                     | 10 02 2013                         |
| City                                                                                                 | State Zip Code                      | Transaction ID : C2439664          |
| Bogart                                                                                               | GA 30622-6817                       | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                           | C                                   | 250.00                             |
| Name of Employer                                                                                     | Occupation                          |                                    |
| Self Employed                                                                                        | Physician                           |                                    |
| Receipt For:                                                                                         | Aggregate Year-to-Date ▼            |                                    |
| Primary General                                                                                      | 35 5                                |                                    |
| Other (specify) ▼                                                                                    | 250.00                              |                                    |
| Full Name (Last, First, Middle Initial)  Steven A Crawford MD                                        |                                     | Date of Receipt                    |
| Mailing Address 900 NE 10th St                                                                       |                                     | M = M / D = D / Y = Y = Y          |
| OU Physicians Family Medicine                                                                        |                                     | 10 23 2013                         |
| City                                                                                                 | State Zip Code                      | Transaction ID : C2453014          |
| Oklahoma City                                                                                        | OK 73104-5420                       | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                           | C                                   | 340.92                             |
| Name of Employer                                                                                     | Occupation                          |                                    |
| University of Oklahoma                                                                               | Physician Faculty                   |                                    |
| Receipt For:  Primary General  Other (specify) ▼                                                     | Aggregate Year-to-Date ▼  4318.16   |                                    |
| Full Name (Last, First, Middle Initial) C. John S Cullen MD                                          |                                     | Date of Receipt                    |
| Mailing Address PO Box 2504                                                                          |                                     | 10 03 2013                         |
| City                                                                                                 | State Zip Code                      | Transaction ID : C2439874          |
| Valdez                                                                                               | AK 99686-2504                       | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                           | C                                   | 500.00                             |
| Name of Employer                                                                                     | Occupation                          |                                    |
| Self Employed                                                                                        | Physician                           |                                    |
| Receipt For:                                                                                         | Aggregate Year-to-Date ▼            |                                    |
| Primary General                                                                                      |                                     |                                    |
| Other (specify) ▼                                                                                    | 500.00                              |                                    |
| SUBTOTAL of Receipts This Page (optional)                                                            |                                     | 1090.92                            |
| TOTAL This Period (last page this line number o                                                      | nly)                                |                                    |

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

Dale Culver

Mailing Address 24206 W 68t St

Date of Receipt

| Full Name (Last, First, Middle Initial)  1. Dale Culver              |                                 | Date of Receipt                             |
|----------------------------------------------------------------------|---------------------------------|---------------------------------------------|
| Mailing Address 24206 W 68t St                                       |                                 | 10 03 2013                                  |
| City                                                                 | State Zip Code                  | Transaction ID : C2439908                   |
| Shawnee                                                              | KS 66226                        | Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.           | C                               | 500.00                                      |
| Name of Employer<br>AAFP                                             | Occupation<br>CFO               |                                             |
| Receipt For:  Primary General  Other (specify) ▼                     | Aggregate Year-to-Date ▼ 500.00 |                                             |
| Full Name (Last, First, Middle Initial)  3. Jose M David MD          |                                 | Date of Receipt                             |
| Mailing Address 804 Huntington Ct                                    |                                 | 10 25 2013                                  |
| City                                                                 | State Zip Code                  | Transaction ID : C2455336                   |
| Albany                                                               | NY 12203-6015                   | Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.           | C                               | 416.67                                      |
| Name of Employer                                                     | Occupation                      |                                             |
| St Peters Health Partners Medical Asso                               | Family Physician                |                                             |
| Receipt For:                                                         | Aggregate Year-to-Date ▼        |                                             |
| Primary General Other (specify) ▼                                    | 2916.69                         |                                             |
| Full Name (Last, First, Middle Initial)  C. Kisha Nicole Davis Davis |                                 | Date of Receipt                             |
| Mailing Address 12342 Fellowship Ln                                  |                                 | 10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City                                                                 | State Zip Code                  | Transaction ID : C2451445                   |
| North Potomac                                                        | MD 20878-3403                   | Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.           | C                               | 30.00                                       |
| Name of Employer                                                     | Occupation                      |                                             |
| Chase Brexton                                                        | Physician                       |                                             |
| Receipt For:                                                         | Aggregate Year-to-Date ▼        |                                             |
| Primary General Other (specify) ▼                                    | 240.00                          |                                             |
| SUBTOTAL of Receipts This Page (optional)                            | <b>&gt;</b>                     | 946.67                                      |
| TOTAL This Period (last page this line numb                          | per only)                       |                                             |

federal political committee.

Cabarrus Family Medicine

Name of Employer

Receipt For:

C.

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Benjamin Scott Dieter Date of Receipt Mailing Address 602 Oxford Park Blvd 10 07 2013 City State Zip Code Transaction ID: C2442241 NC 27565-9724 Oxford Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation N/A Resident Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. L Allen Dobson MD Date of Receipt Mailing Address 599 Jackson St 10 03 2013 City State Zip Code Transaction ID: C2439883 Mt Pleasant NC 28124-9738 Amount of Each Receipt this Period FEC ID number of contributing 365.00

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| Primary General  Other (specify) ▼                                                                                                                                                                                                                                     | 365.00                                                                                   |                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)  Roxanne Fahrenwald Md Fahren  Mailing Address 123 S 27th St  City  Billings  FEC ID number of contributing federal political committee.  Name of Employer  RiverStone Health  Receipt For:  Primary  General  Other (specify) | wald MD  State Zip Code MT 59101-4200  C  Occupation Physician  Aggregate Year-to-Date ▼ | Date of Receipt  10 14 2013  Transaction ID: C2447740  Amount of Each Receipt this Period  365.00 |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                              |                                                                                          | 830.00                                                                                            |

Occupation

Aggregate Year-to-Date ▼

Physician

TOTAL This Period (last page this line number only).....

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17 OF 57 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Elisabeth K Farnum MD Date of Receipt Mailing Address 33 Hyland Ave 2013 10 26 City Zip Code State Transaction ID: C2455395 RΙ East Greenwich 02818-2901 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Kent Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wanda D Filer MD Date of Receipt Mailing Address 510 Aqua Ct 10 02 2013 City State Zip Code Transaction ID: C2439001 PA York 17403-3623 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Strategic Health Institute Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3150.00 Other (specify) Full Name (Last, First, Middle Initial) c. Leonard Martin Finn MD Date of Receipt Mailing Address 42 Grasmere Rd 02 10 2013 City Zip Code State Transaction ID: C2439629 MA Needham 02494-1806 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify)

745.00

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| Any information copied from such Reports and<br>or for commercial purposes, other than using to | d Statements may not be sold or used by any pers<br>the name and address of any political committee t | son for the purpose of soliciting contributions o solicit contributions from such committee. |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) American Academy of Family                                          | Physicians Political Action Commit                                                                    | tee                                                                                          |
| Full Name (Last, First, Middle Initial)  Seth Yawki Flagg MD                                    |                                                                                                       | Date of Receipt                                                                              |
| Mailing Address 9129 Bradford Rd                                                                |                                                                                                       | 10 08 2013                                                                                   |
| City                                                                                            | State Zip Code                                                                                        | Transaction ID : C2443825                                                                    |
| Silver Spring                                                                                   | MD 20901-4917                                                                                         | Amount of Each Receipt this Period                                                           |
| FEC ID number of contributing federal political committee.                                      | C                                                                                                     | 35.00                                                                                        |
| Name of Employer                                                                                | Occupation                                                                                            | 1                                                                                            |
| USN                                                                                             | Physicain                                                                                             |                                                                                              |
| Receipt For:                                                                                    |                                                                                                       | -                                                                                            |
| Primary General                                                                                 | Aggregate Year-to-Date ▼                                                                              |                                                                                              |
| Other (specify) ▼                                                                               | 515.00                                                                                                |                                                                                              |
| Full Name (Last, First, Middle Initial)  Walter F Fletcher MD                                   |                                                                                                       | Date of Receipt                                                                              |
| Mailing Address PO BOX 486                                                                      |                                                                                                       | 10 04 2013                                                                                   |
| City                                                                                            | State Zip Code                                                                                        | Transaction ID : C2440717                                                                    |
| Martin                                                                                          | TN 38237-0486                                                                                         | Amount of Each Receipt this Period                                                           |
| FEC ID number of contributing federal political committee.                                      | C                                                                                                     | 500.00                                                                                       |
| Name of Employer                                                                                | Occupation                                                                                            | -                                                                                            |
| Self Employed                                                                                   | Physician                                                                                             |                                                                                              |
| Receipt For:                                                                                    | Aggregate Year-to-Date ▼                                                                              | 1                                                                                            |
| Primary General                                                                                 | Aggregate roat to bate v                                                                              |                                                                                              |
| Other (specify) ▼                                                                               | 500.00                                                                                                |                                                                                              |
| Full Name (Last, First, Middle Initial)  C. Mark J Flynn MD                                     |                                                                                                       | Date of Receipt                                                                              |
| Mailing Address 367 Benevente Dr                                                                |                                                                                                       | 10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                                  |
| City                                                                                            | State Zip Code                                                                                        | Transaction ID : C2439910                                                                    |
| Oceanside                                                                                       | CA 92057-8408                                                                                         | Amount of Each Receipt this Period                                                           |
| FEC ID number of contributing federal political committee.                                      | С                                                                                                     | 365.00                                                                                       |
| Name of Employer                                                                                | Occupation                                                                                            | -                                                                                            |
| U.S. Navy                                                                                       | Physician                                                                                             |                                                                                              |
| Receipt For:                                                                                    | Aggregate Year-to-Date ▼                                                                              | -                                                                                            |
| Primary General                                                                                 | Aggregate roat to bate V                                                                              |                                                                                              |
| Other (specify) ▼                                                                               | 365.00                                                                                                |                                                                                              |
| SUBTOTAL of Receipts This Page (optional).                                                      |                                                                                                       | 900.00                                                                                       |
| TOTAL This Period (last page this line number                                                   | er only)                                                                                              |                                                                                              |

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Bradley P Fox MD Date of Receipt Mailing Address 5770 Ruhl Rd 10 02 2013 City Zip Code State Transaction ID: C2439353 PΑ Fairview 16415-2533 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation St. Vincent Health System Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer Emma Frank MD Date of Receipt Mailing Address 1380 Lusitana St Ste 904 10 04 2013 City State Zip Code Transaction ID: C2440730 HI Honolulu 96813-2448 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼

Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth Ann Garrett MD Date of Receipt Mailing Address M231 Med Sci Bldg 02 2013 10 City Zip Code State Transaction ID: C2439362 MO Columbia 65212-0001 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Physician University of MO - Columbia Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify)

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| Any information copied from such Reports and S<br>or for commercial purposes, other than using the       | Statements may not be sold or used by any perse name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
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| NAME OF COMMITTEE (In Full) American Academy of Family F                                                 | Physicians Political Action Committ                                                            | tee                                                                                       |
| Full Name (Last, First, Middle Initial) Dennis Lynn Gingrich MD  Mailing Address HMC, FAMILY MEDICINE, H | 154                                                                                            | Date of Receipt                                                                           |
| 500 University Dr                                                                                        | 01.1.                                                                                          | 10 03 2013                                                                                |
| City                                                                                                     | State Zip Code<br>PA 17033-2360                                                                | Transaction ID : C2439881                                                                 |
| Hershey                                                                                                  | 17035-2300                                                                                     | Amount of Each Receipt this Period                                                        |
| FEC ID number of contributing federal political committee.                                               | C                                                                                              | 365.00                                                                                    |
| Name of Employer                                                                                         | Occupation                                                                                     | †                                                                                         |
| Penn State University                                                                                    | Physician                                                                                      |                                                                                           |
| Receipt For:                                                                                             | Aggregate Year-to-Date ▼                                                                       |                                                                                           |
| Primary General Other (specify) ▼                                                                        | 365.00                                                                                         |                                                                                           |
| Full Name (Last, First, Middle Initial)  Vito Grasso CAE                                                 |                                                                                                | Date of Receipt                                                                           |
| Mailing Address 260 Osborne Rd                                                                           | 7. 2                                                                                           | 10 02 2013                                                                                |
| City                                                                                                     | State Zip Code                                                                                 | Transaction ID: C2439347                                                                  |
| Albany                                                                                                   | NY 12211-1844                                                                                  | Amount of Each Receipt this Period                                                        |
| FEC ID number of contributing federal political committee.                                               | C                                                                                              | 100.00                                                                                    |
| Name of Employer                                                                                         | Occupation                                                                                     |                                                                                           |
| Self Employed                                                                                            | Physician                                                                                      |                                                                                           |
| Receipt For:  Primary General  Other (specify)                                                           | Aggregate Year-to-Date ▼ 350.00                                                                |                                                                                           |
| Other (specify) ▼                                                                                        | 350.00                                                                                         |                                                                                           |
| Full Name (Last, First, Middle Initial)  Melinda Jeannie Gruber MD                                       |                                                                                                | Date of Receipt                                                                           |
| Mailing Address 19516 North County Road 60                                                               |                                                                                                | 10 23 / Y = Y = Y = Y = Y                                                                 |
| City<br>Dale                                                                                             | State Zip Code<br>IN 47523                                                                     | Transaction ID : C2453904  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                               | С                                                                                              | 350.00                                                                                    |
| Name of Employer                                                                                         | Occupation                                                                                     |                                                                                           |
| Self Employed                                                                                            | Physician                                                                                      |                                                                                           |
| Receipt For:                                                                                             | Aggregate Year-to-Date ▼                                                                       |                                                                                           |
| Primary General  Other (specify) ▼                                                                       | 350.00                                                                                         |                                                                                           |
| SUBTOTAL of Receipts This Page (optional)                                                                |                                                                                                | 815.00                                                                                    |
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| Full Name (Last, First, Middle Initial) Boyde Jerome Harrison MD  Mailing Address 904 26th St |                                 | Date of Receipt                                               |
|-----------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------|
| City                                                                                          | State Zip Code                  | 10 01 2013                                                    |
| City<br>Haleyville                                                                            | State Zip Code AL 35565-1719    | Transaction ID : C2437758                                     |
| FEC ID number of contributing federal political committee.                                    | C                               | Amount of Each Receipt this Period 750.00                     |
| Name of Employer                                                                              | Occupation                      |                                                               |
| Self Employed                                                                                 | Physician                       |                                                               |
| Receipt For:  Primary General  Other (specify) ▼                                              | Aggregate Year-to-Date ▼ 750.00 |                                                               |
| Full Name (Last, First, Middle Initial) Jeffrey Allen Harwood MD                              | •                               | Date of Receipt                                               |
| Mailing Address PO BOX 125                                                                    |                                 | M = M / D = D / Y = Y = Y                                     |
| 187 West Main Street City                                                                     | State Zip Code                  | 10 02 2013                                                    |
| New London                                                                                    | OH 44851-0125                   | Transaction ID : C2439354  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                    | C                               | 365.00                                                        |
| Name of Employer<br>Self Employed                                                             | Occupation Physician            |                                                               |
| Receipt For:  Primary General  Other (specify) ▼                                              | Aggregate Year-to-Date ▼ 365.00 |                                                               |
| Full Name (Last, First, Middle Initial) David Grant Heald MD                                  |                                 | Data of Pagaint                                               |
| Mailing Address 134 Baypath Dr                                                                |                                 | Date of Receipt  10 09 2013                                   |
| City<br>Oak Ridge                                                                             | State Zip Code<br>TN 37830-7851 | Transaction ID : C2445438  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                    | С                               | 250.00                                                        |
| Name of Employer                                                                              | Occupation                      |                                                               |
| Self Employed                                                                                 | Physician                       |                                                               |
| Receipt For:                                                                                  | Aggregate Year-to-Date ▼        |                                                               |
| Primary General Other (specify) ▼                                                             | 250.00                          |                                                               |

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| or for commercial purposes, other than using th<br>NAME OF COMMITTEE (In Full)                                                                                                                                                                                                              | e name and address of any political committee to                                               | o solicit contributions from such committee.                                                      |
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| Full Name (Last, First, Middle Initial)  Daniel J Heinemann MD  Mailing Address 1305 W 18th St  City  Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer  Sioux Valley Health Systems  Receipt For:  Primary  General  Other (specify)               | State Zip Code SD 57105-0401  C  Occupation Physician  Aggregate Year-to-Date ▼  1050.00       | Date of Receipt  10 04 2013  Transaction ID: C2440693  Amount of Each Receipt this Period  100.00 |
| Full Name (Last, First, Middle Initial)  Benjamin Tate Hinkle  Mailing Address 1002 Hampton Fall Blvd  Apt 1528  City  Brownsboro  FEC ID number of contributing federal political committee.  Name of Employer  N/A  Receipt For:  Primary  General  Other (specify)                       | State Zip Code AL 35741-8035  C  Occupation Student  Aggregate Year-to-Date ▼  417.00          | Date of Receipt  10 03 2013  Transaction ID: C2439879  Amount of Each Receipt this Period  365.00 |
| Full Name (Last, First, Middle Initial)  Grady Claude Hogue Jr  Mailing Address 1017 Skiffs Landing Lane 302 S Hillside Dr  City Suffolk  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For:  Primary General Other (specify) | State Zip Code VA 23435  C  Occupation Information Requested  Aggregate Year-to-Date ▼  300.00 | Date of Receipt  10 09 2013  Transaction ID: C2445587  Amount of Each Receipt this Period  300.00 |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                   | <b>&gt;</b>                                                                                    | 765.00                                                                                            |
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| or for commercial purposes, other than using the                     | name and address of any political committee to |                                    |
|----------------------------------------------------------------------|------------------------------------------------|------------------------------------|
| NAME OF COMMITTEE (In Full)                                          |                                                |                                    |
| American Academy of Family P                                         | hysicians Political Action Committe            | ee<br>                             |
| Full Name (Last, First, Middle Initial)  1. Thu Nguyen Howell Howell |                                                | Date of Receipt                    |
| Mailing Address 2222 Neilson Way Unit 301                            |                                                | M = M / D = D / Y = Y = Y = Y = 10 |
| City                                                                 | State Zip Code                                 | Transaction ID : C2451914          |
| Santa Monica                                                         | CA 90405-2281                                  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.           | C                                              | 60.00                              |
| Name of Employer                                                     | Occupation                                     |                                    |
| Self                                                                 | Physician                                      |                                    |
| Receipt For:                                                         | Aggregate Year-to-Date ▼                       |                                    |
| Primary General                                                      | 0.0                                            |                                    |
| Other (specify) ▼                                                    | 480.00                                         |                                    |
| Full Name (Last, First, Middle Initial)  Elvin C Irvin MD            |                                                | Date of Receipt                    |
| Mailing Address 555 E Cheves St                                      |                                                | 10 08 2013                         |
| City                                                                 | State Zip Code                                 | Transaction ID : C2493816          |
| Florence                                                             | SC 29506-2617                                  | Amount of Each Receipt this Period |
| FEC ID number of contributing                                        |                                                |                                    |
| federal political committee.                                         | C                                              | 91.50                              |
| Name of Employer                                                     | Occupation                                     |                                    |
| Baptist Health Care                                                  | Physician                                      |                                    |
| Receipt For:                                                         | Aggregate Year-to-Date ▼                       |                                    |
| Primary General                                                      |                                                |                                    |
| Other (specify) ▼                                                    | 817.00                                         |                                    |
| Full Name (Last, First, Middle Initial)  2. James S Irwin MD         |                                                | Date of Receipt                    |
| Mailing Address 112 5Th Ave W                                        |                                                | M = M / D = D / Y = Y = Y          |
| Family Care Physicians, P.A.                                         |                                                | 10 23 2013                         |
| City                                                                 | State Zip Code                                 | Transaction ID : C2453459          |
| Jerome                                                               | ID 83338-1825                                  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.           | C                                              | 100.00                             |
| Name of Employer                                                     | Occupation                                     |                                    |
| Family Care Physicians                                               | Physician                                      |                                    |
| Receipt For:                                                         | Aggregate Year-to-Date ▼                       |                                    |
| Primary General                                                      |                                                |                                    |
| Other (specify) ▼                                                    | 600.00                                         |                                    |
| SUBTOTAL of Receipts This Page (optional)                            |                                                | 251.50                             |
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| of Receipt                                                           |
| M / D D / Y Y Y Y                                                    |
| 07 2013                                                              |
| nsaction ID : C2442244                                               |
| int of Each Receipt this Period                                      |
| 100.00                                                               |
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| of Receipt                                                           |
| 0 02 2013                                                            |
| nsaction ID : C2439583                                               |
| int of Each Receipt this Period                                      |
| 365.00                                                               |
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| 515.00                                                               |
| 515.00                                                               |
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FOR LINE NUMBER: PAGE 25 OF 57 Use separate schedule(s) for each category of the Detailed Summary Page

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|                                                               | tatements may not be sold or used by any perso<br>name and address of any political committee to |                                    |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------|
| NAME OF COMMITTEE (In Full)                                   |                                                                                                  |                                    |
| $\nearrow$ American Academy of Family P                       | hysicians Political Action Committe                                                              | ee                                 |
| Full Name (Last, First, Middle Initial)  A. Joseph M Jeu MD   |                                                                                                  | Date of Receipt                    |
| Mailing Address 3958 Leap Rd Ste 101                          |                                                                                                  | 10 01 2013                         |
| City                                                          | State Zip Code                                                                                   | Transaction ID : C2437750          |
| Hilliard                                                      | OH 43026-3107                                                                                    | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.    | C                                                                                                | 500.00                             |
| Name of Employer                                              | Occupation                                                                                       |                                    |
| Hilliard Family Medicine, Inc.                                | Physician                                                                                        |                                    |
| Receipt For:                                                  | Aggregate Year-to-Date ▼                                                                         |                                    |
| Primary General Other (specify) ▼                             | 500.00                                                                                           |                                    |
| Full Name (Last, First, Middle Initial)  Richard H Jones MD   |                                                                                                  | Date of Receipt                    |
| Mailing Address 106 W Howell Ave                              |                                                                                                  | 10 04 2013                         |
| City                                                          | State Zip Code                                                                                   | Transaction ID : C2440690          |
| Alexandria                                                    | VA 22301-1508                                                                                    | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.    | С                                                                                                | 500.00                             |
| Name of Employer                                              | Occupation                                                                                       |                                    |
| Durney Medical Services, PLLC                                 | Physician                                                                                        |                                    |
| Receipt For:  Primary General  Other (specify) ▼              | Aggregate Year-to-Date ▼ 1250.00                                                                 |                                    |
| Full Name (Last, First, Middle Initial)  C. Warren A Jones MD |                                                                                                  | Date of Receipt                    |
| Mailing Address 115 Cirencester Dr                            |                                                                                                  | 10 03 _ 2013 _                     |
| City                                                          | State Zip Code                                                                                   | Transaction ID : C2439899          |
| Ridgeland                                                     | MS 39157-9789                                                                                    | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.    | C                                                                                                | 365.00                             |
| Name of Employer                                              | Occupation                                                                                       |                                    |
| University of Mississippi Medical Cent                        | Physician                                                                                        |                                    |
| Receipt For:                                                  | Aggregate Year-to-Date ▼                                                                         |                                    |
| Primary General                                               |                                                                                                  |                                    |
| Other (specify) ▼                                             | 365.00                                                                                           |                                    |
| SUBTOTAL of Receipts This Page (optional)                     |                                                                                                  | 1365.00                            |
| TOTAL This Period (last page this line number                 | only)                                                                                            |                                    |

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|                                                                      | I Statements may not be sold or used by any pers<br>the name and address of any political committee to |                                    |
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| NAME OF COMMITTEE (In Full)                                          | ,,                                                                                                     |                                    |
| , ,                                                                  | Physicians Political Action Committee                                                                  | tee                                |
| Full Name (Last, First, Middle Initial)  A. Mark A Josefski MD       |                                                                                                        | Date of Receipt                    |
| Mailing Address 396 Broadway                                         |                                                                                                        | 10 03 2013                         |
| City                                                                 | State Zip Code                                                                                         | Transaction ID : C2439893          |
| Kingston                                                             | NY 12401-4626                                                                                          | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.           | C                                                                                                      | 365.00                             |
| Name of Employer                                                     | Occupation                                                                                             |                                    |
| Self Employed                                                        | Physician                                                                                              |                                    |
| Receipt For:                                                         | Aggregate Year-to-Date ▼                                                                               |                                    |
| Primary General                                                      | 00 0                                                                                                   |                                    |
| Other (specify) ▼                                                    | 365.00                                                                                                 |                                    |
| Full Name (Last, First, Middle Initial)  Barbara A Keber MD          |                                                                                                        | Date of Receipt                    |
| Mailing Address 1 Cathy Ct                                           |                                                                                                        | 10 02 2013                         |
| City                                                                 | State Zip Code                                                                                         | Transaction ID : C2439346          |
| Glen Head                                                            | NY 11545-2203                                                                                          | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.           | C                                                                                                      | 365.00                             |
| Name of Employer                                                     | Occupation                                                                                             |                                    |
| Self Employed                                                        | Physician                                                                                              |                                    |
| Receipt For:  Primary General  Other (specify) ▼                     | Aggregate Year-to-Date ▼  365.00                                                                       |                                    |
| Full Name (Last, First, Middle Initial)  C. Christina Marie Kelly MD |                                                                                                        | Date of Receipt                    |
| Mailing Address 2104 Addax Trl                                       |                                                                                                        | 10 03 _ 2013 _                     |
| City                                                                 | State Zip Code                                                                                         | Transaction ID : C2439876          |
| Harker Heights                                                       | TX 76548-2351                                                                                          | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.           | С                                                                                                      | 200.00                             |
| Name of Employer                                                     | Occupation                                                                                             |                                    |
| Self Employed                                                        | Physician                                                                                              |                                    |
| Receipt For:                                                         | Aggregate Year-to-Date ▼                                                                               |                                    |
| Primary General                                                      | Aggregate real-to-bate •                                                                               |                                    |
| Other (specify) ▼                                                    | 300.00                                                                                                 |                                    |
| SUBTOTAL of Receipts This Page (optional).                           |                                                                                                        | 930.00                             |
| TOTAL This Period (last page this line number                        | er only)                                                                                               |                                    |

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Gregory King MD Date of Receipt Mailing Address 1120 Vail Rd 10 09 2013 City Zip Code State Transaction ID: C2444489 VT Bennington 05201-9597 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Primary Care Health Partners - VT, LLP Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas A Kintanar MD Date of Receipt Mailing Address 10020 Dupont Circle Ct Ste 110 10 03 2013 City State Zip Code Transaction ID: C2439886 Fort Wayne IN 46825-1621 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Associated Family Medical Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Don R Klitgaard MD Date of Receipt Mailing Address 1305 Onyx Dr 2013 10 03 City State Zip Code Transaction ID: C2439890 IΑ Harlan 51537-1543 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 665.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| category of the<br>Summary Page | >   | <b>1</b> 1a |    | 11b |   | 11c |   | 12 |    |
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|                                 |     |             |    |     |   |     |   |    |    |

| Mailing Address 749 Nina Dr  City State Zip Code FL 33715-2038  FEC ID number of contributing federal political committee.  Name of Employer Occupation Physician  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Marianne C LaBarbera MD  Mailing Address 1776 Richmond Rd  City State Zip Code NY 10306-2578  FEC ID number of contributing federal political committee.  Name of Employer Occupation  State Zip Code NY 10306-2578  FEC ID number of contributing federal political committee.  Name of Employer Occupation  Self Employed Physician  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼ | Date of Receipt  10                                                                                                           |
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| Tierra Verde FL 33715-2038  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address 1776 Richmond Rd  City  State Zip Code  NY 10306-2578  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Name of Employer  Self Employed  Receipt For:  Occupation  Physician  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                  | Transaction ID : C2439672  Amount of Each Receipt this Period  121.67  Date of Receipt  10 02 2013  Transaction ID : C2439343 |
| Tierra Verde FL 33715-2038  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address 1776 Richmond Rd  City  State Zip Code  NY 10306-2578  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Name of Employer  Self Employed  Receipt For:  Occupation  Physician  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                  | Date of Receipt  10  121.67  2013  Transaction ID: C2439343                                                                   |
| Name of Employer  Self Employed  Receipt For:  Primary  General  Other (specify) ▼  Ptill Name (Last, First, Middle Initial)  State Zip Code  NY 10306-2578  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Quantification of Coupation  Physician  Aggregate Year-to-Date ▼  Cuantification of Code  NY 10306-2578  Aggregate Year-to-Date ▼  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                      | Date of Receipt  10 02 2013  Transaction ID: C2439343                                                                         |
| Self Employed Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Marianne C LaBarbera MD  Mailing Address 1776 Richmond Rd  City State Zip Code Staten Island NY 10306-2578  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10 02 2013 Transaction ID : C2439343                                                                                          |
| Receipt For:    Primary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10 02 2013 Transaction ID : C2439343                                                                                          |
| Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial)  Marianne C LaBarbera MD  Mailing Address 1776 Richmond Rd  City State Zip Code Staten Island NY 10306-2578  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Physician  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10 02 2013 Transaction ID : C2439343                                                                                          |
| Marianne C LaBarbera MD  Mailing Address 1776 Richmond Rd  City State Zip Code Staten Island NY 10306-2578  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Physician  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10 02 2013 Transaction ID : C2439343                                                                                          |
| City State Zip Code Staten Island NY 10306-2578  FEC ID number of contributing federal political committee.  Name of Employer Occupation Self Employed Physician  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10 02 2013                                                                                                                    |
| Staten Island  NY 10306-2578  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Physician  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transaction ID : C2439343                                                                                                     |
| Staten Island  NY 10306-2578  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Physician  Receipt For: Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               |
| FEC ID number of contributing federal political committee.  Name of Employer Self Employed Physician  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                               |
| Self Employed  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  365.00  Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 365.00                                                                                                                        |
| Receipt For:  Primary Other (specify)   General Other (specify)   Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |
| Primary General Other (specify) ▼  General 365.00  Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |
| , <u>John Londin DO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date of Receipt                                                                                                               |
| Mailing Address 382 Grove St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10 022013                                                                                                                     |
| City State Zip Code Braintree MA 02184-7324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Transaction ID : C2439626 mount of Each Receipt this Period                                                                   |
| FEC ID number of contributing federal political committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1000.00                                                                                                                       |
| Name of Employer Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |
| Self Employed Physician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |
| Receipt For:  Aggregate Year-to-Date ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               |
| Primary General Other (specify) ▼ 1000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |

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| Full Name (Last, First, Middle Initial) Paula Leonard-Schwartz MD  Mailing Address 121 Madeline Rd |                                  |                                      |
|----------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------|
| maming moderous iz i Mautille Nu                                                                   |                                  | Date of Receipt                      |
|                                                                                                    |                                  | 10 02 2013                           |
| City                                                                                               | State Zip Code<br>NH 03104-2017  | Transaction ID : C2439369            |
| Manchester FEC ID number of contributing                                                           |                                  | Amount of Each Receipt this Period   |
| federal political committee.                                                                       | C                                | 365.00                               |
| Name of Employer                                                                                   | Occupation                       |                                      |
| Self Employed                                                                                      | Physician                        |                                      |
| Receipt For:                                                                                       | Aggregate Year-to-Date ▼         |                                      |
| Primary General  Other (specify) ▼                                                                 | 365.00                           |                                      |
| Full Name (Last, First, Middle Initial) Patricia Jean Lindholm MD                                  | '                                | Date of Receipt                      |
| Mailing Address 615 S Mill St                                                                      |                                  | M = M / D = D / Y = Y = Y = Y        |
| City                                                                                               | State Zip Code                   | 10 27 2013 Transaction ID : C2455422 |
| Fergus Falls                                                                                       | MN 56537-2756                    | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                         | C                                | 500.00                               |
| Name of Employer                                                                                   | Occupation                       |                                      |
| Lake Region Medical Group                                                                          | Physician                        |                                      |
| Receipt For:  Primary General  Other (specify) ▼                                                   | Aggregate Year-to-Date ▼  500.00 |                                      |
| Full Name (Last, First, Middle Initial) Robyn A Liu MD                                             | I                                | Date of Receipt                      |
| Mailing Address 1604 SE Stark St                                                                   |                                  | Date of Receipt  10 02 2013          |
| City                                                                                               | State Zip Code                   | Transaction ID : C2439320            |
| Portland                                                                                           | OR 97214-1459                    | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                         | C                                | 500.00                               |
| Name of Employer                                                                                   | Occupation                       |                                      |
| Self Employed                                                                                      | Physician                        |                                      |
| Receipt For:                                                                                       | Aggregate Year-to-Date ▼         |                                      |
| Primary General  Other (specify) ▼                                                                 | 865.00                           |                                      |
| SUBTOTAL of Receipts This Page (optiona                                                            | ıl)                              | 1365.00                              |

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|                                                                                                     | d Statements may not be sold or used by any persthe name and address of any political committee t |                                                               |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) American Academy of Family                                              | Physicians Political Action Commit                                                                | tee                                                           |
| Full Name (Last, First, Middle Initial) Janice E Luth MD                                            |                                                                                                   | Date of Receipt                                               |
| Mailing Address 4830 Rucker Rd<br>4830 Rucker Rd                                                    |                                                                                                   | 10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City<br>Moneta                                                                                      | State Zip Code<br>VA 24121-5281                                                                   | Transaction ID : C2456033  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                          | C                                                                                                 | 300.00                                                        |
| Name of Employer  Information Requested  Receipt For:  Primary General  Other (specify) ▼           | Occupation Information Requested  Aggregate Year-to-Date ▼  600.00                                |                                                               |
| Full Name (Last, First, Middle Initial)  Jeffrey S Luther MD  Mailing Address 450 E Spring St Ste 1 |                                                                                                   | Date of Receipt                                               |
| City Long Beach                                                                                     | State Zip Code CA 90806-1625                                                                      | Transaction ID : C2439869  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                          | C                                                                                                 | 365.00                                                        |
| Name of Employer<br>Memorial Family Medicine Medical Group                                          | Occupation Physician                                                                              |                                                               |
| Receipt For:  Primary General  Other (specify) ▼                                                    | Aggregate Year-to-Date ▼  365.00                                                                  |                                                               |
| Full Name (Last, First, Middle Initial)  Kevin B Martin MD                                          |                                                                                                   | Date of Receipt                                               |
| Mailing Address 2903 219th Ave E                                                                    |                                                                                                   | 10 14 _ 2013 _                                                |
| City<br>Lake Tapps                                                                                  | State Zip Code<br>WA 98391-5634                                                                   | Transaction ID : C2447721  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                          | С                                                                                                 | 50.00                                                         |
| Name of Employer Life Care Physician Services                                                       | Occupation Physician                                                                              |                                                               |
| Receipt For:  Primary  Other (specify)   Other                                                      | Aggregate Year-to-Date ▼  250.00                                                                  |                                                               |
| SUBTOTAL of Receipts This Page (optional).                                                          |                                                                                                   | 715.00                                                        |
| TOTAL This Period (last page this line number                                                       | er only)                                                                                          |                                                               |

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| NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                                  | the name and address of any political committee of the properties |                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)  R. Shawn Martin  Mailing Address 2722 Ordway St NW  Apt 1  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  AAFP  Receipt For:  Primary  General  Other (specify)                    | State Zip Code DC 20008-5045  C  Occupation Vice President, Practice Advancement &  Aggregate Year-to-Date ▼  500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date of Receipt  10 03 2013  Transaction ID : C2439917  Amount of Each Receipt this Period  500.00 |
| Full Name (Last, First, Middle Initial)  Amy Kristen McIntyre MD  Mailing Address 1140 W Diamond St  City  Butte  FEC ID number of contributing federal political committee.  Name of Employer  Butte Community Health Center  Receipt For:  Primary General Other (specify) | State Zip Code MT 59701-1404  C  Occupation Physician  Aggregate Year-to-Date ▼  298.62                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date of Receipt  10 08 2013  Transaction ID: C2443824  Amount of Each Receipt this Period  33.18   |
| Full Name (Last, First, Middle Initial)  John S Meigs MD  Mailing Address PO Box 289  100 Serendipity Dr  City Brent  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General  Other (specify)            | State Zip Code AL 35034-0289  C  Occupation Physician  Aggregate Year-to-Date ▼  875.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date of Receipt  10 09 2013  Transaction ID : C2445437  Amount of Each Receipt this Period  25.00  |
| SUBTOTAL of Receipts This Page (optional).                                                                                                                                                                                                                                   | <b>&gt;</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 558.18                                                                                             |

| FOR LINE NUMBER: |      |         |    |     | PAGE | 3   | 32 | OF | 57 |    |
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|                                                                    | he name and address of any political committee to |                                    |
|--------------------------------------------------------------------|---------------------------------------------------|------------------------------------|
| NAME OF COMMITTEE (In Full)                                        |                                                   |                                    |
| American Academy of Family                                         | Physicians Political Action Commit                | tee                                |
| Full Name (Last, First, Middle Initial)  1. John S Meigs MD        |                                                   | Date of Receipt                    |
| Mailing Address PO Box 289                                         |                                                   | M = M / D = D / Y = Y = Y          |
| 100 Serendipity Dr                                                 |                                                   | 10 31 2013                         |
| City                                                               | State Zip Code                                    | Transaction ID : C2456061          |
| Brent                                                              | AL 35034-0289                                     | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.         | C                                                 | 25.00                              |
| Name of Employer                                                   | Occupation                                        | †                                  |
| Self Employed                                                      | Physician                                         |                                    |
| Receipt For:                                                       | Aggregate Year-to-Date ▼                          | 1                                  |
| Primary General                                                    | 00 0                                              |                                    |
| Other (specify) ▼                                                  | 875.00                                            |                                    |
| Full Name (Last, First, Middle Initial)  3. John S Meigs MD        |                                                   | Date of Receipt                    |
| Mailing Address PO Box 289                                         |                                                   | M = M / D = D / Y = Y = Y          |
| 100 Serendipity Dr                                                 | 000                                               | 10 31 2013                         |
| City                                                               | State Zip Code                                    | Transaction ID : C2456526          |
| Brent                                                              | AL 35034-0289                                     | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.         | C                                                 | 25.00                              |
| Name of Employer                                                   | Occupation                                        | 1                                  |
| Self Employed                                                      | Physician                                         |                                    |
| Receipt For:                                                       | Aggregate Year-to-Date ▼                          |                                    |
| Primary General                                                    |                                                   |                                    |
| Other (specify) ▼                                                  | 875.00                                            |                                    |
| Full Name (Last, First, Middle Initial)  Johanna Meyer-Mitchell MD |                                                   | Date of Receipt                    |
| Mailing Address 2700 Grant St Ste 200                              |                                                   | 10 14 2013                         |
| City                                                               | State Zip Code                                    | Transaction ID : C2447752          |
| Concord                                                            | CA 94520-2270                                     | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.         | C                                                 | 125.00                             |
| Name of Employer                                                   | Occupation                                        |                                    |
| Muir/Diablo Primary Care                                           | Physician                                         |                                    |
| Receipt For:                                                       | Aggregate Year-to-Date ▼                          | ]                                  |
| Primary General                                                    | 00 0                                              |                                    |
| Other (specify) ▼                                                  | 425.00                                            |                                    |
| SUBTOTAL of Receipts This Page (optional)                          |                                                   | 175.00                             |
|                                                                    | <u>^</u>                                          |                                    |
| TOTAL This Period (last page this line number                      | r only)                                           |                                    |

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: |                  |    |   |  | PAGE | : 3 | 33 | OF |  | 57 |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| Full Name (Last, First, Middle Initial)  Joseph S Miller MD            |                                                        | Date of Receipt                                               |
|------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------|
| Mailing Address Plum Creek Medical Group PO BOX 797                    |                                                        | 10 02 2013                                                    |
| City<br>Lexington                                                      | State Zip Code<br>NE 68850-0797                        | Transaction ID : C2439595                                     |
| FEC ID number of contributing federal political committee.             | C                                                      | Amount of Each Receipt this Period  365.00                    |
| Name of Employer Plum Creek Medical Group, P.C.                        | Occupation Physician                                   |                                                               |
| Receipt For:  Primary General  Other (specify) ▼                       | Aggregate Year-to-Date ▼ 365.00                        |                                                               |
| Full Name (Last, First, Middle Initial) Elisaebth Fowlie Fowlie Mock M | D                                                      | Date of Receipt                                               |
| Mailing Address 46 Clark Hill Rd                                       |                                                        | 10 07 2013                                                    |
| City<br>Holden                                                         | State         Zip Code           ME         04429-7253 | Transaction ID : C2442265  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.             | С                                                      | 365.00                                                        |
| Name of Employer<br>Eastern Maine Medical Center                       | Occupation Family Physician                            |                                                               |
| Receipt For:  Primary General  Other (specify) ▼                       | Aggregate Year-to-Date ▼  365.00                       |                                                               |
| Full Name (Last, First, Middle Initial) Anne M Montgomery MD           | ı                                                      | Date of Receipt                                               |
| Mailing Address 1708 S Martin St                                       |                                                        | 10 24 2013                                                    |
| City<br>Spokane                                                        | State Zip Code<br>WA 99203-3751                        | Transaction ID : C2454194  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.             | C                                                      | 250.00                                                        |
| Name of Employer                                                       | Occupation                                             | -                                                             |
| self                                                                   | physician                                              |                                                               |
| Receipt For:  Primary General  Other (specify) ▼                       | Aggregate Year-to-Date ▼  2500.00                      |                                                               |

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|                                                                | he name and address of any political committee t |                                    |
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| NAME OF COMMITTEE (In Full)                                    |                                                  |                                    |
| American Academy of Family                                     | Physicians Political Action Commit               | ttee                               |
| Full Name (Last, First, Middle Initial)  A. Dale C Moquist MD  |                                                  | Date of Receipt                    |
| Mailing Address 4318 Lake Walk Ct                              |                                                  | 10 08 2013                         |
| City                                                           | State Zip Code                                   | Transaction ID : C2443826          |
| Missouri City                                                  | TX 77459-3268                                    | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.     | С                                                | 90.91                              |
| Name of Employer                                               | Occupation                                       | 1                                  |
| Memorial Family Medicine Residency                             | Family Physician                                 |                                    |
| Receipt For:                                                   | Aggregate Year-to-Date ▼                         | 1                                  |
| Primary General                                                | 00 0                                             |                                    |
| Other (specify) ▼                                              | 818.19                                           |                                    |
| Full Name (Last, First, Middle Initial)  James Mumford MD      |                                                  | Date of Receipt                    |
| Mailing Address 16 E 16th St                                   |                                                  | Mam / Dab / Yayayay                |
| City                                                           | State Zip Code                                   | 10 02 2013                         |
| New York                                                       | NY 10003-3105                                    | Transaction ID : C2439337          |
|                                                                | 10003-3103                                       | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.     | C                                                | 365.00                             |
| Name of Employer                                               | Occupation                                       | 1                                  |
| Self Employed                                                  | Physician                                        |                                    |
| Receipt For:                                                   | Aggregate Year-to-Date ▼                         | ]                                  |
| Primary General                                                | 00 0                                             |                                    |
| Other (specify) ▼                                              | 365.00                                           |                                    |
| Full Name (Last, First, Middle Initial)  C. Julio E Navarro MD |                                                  | Date of Receipt                    |
| Mailing Address 927 Mather Dr                                  |                                                  | 10 03 _ 2013 _                     |
| City                                                           | State Zip Code                                   | Transaction ID : C2439779          |
| Bear                                                           | DE 19701-4945                                    | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.     | C                                                | 1000.00                            |
| Name of Employer                                               | Occupation                                       | 1                                  |
| Self Employed                                                  | Physician                                        |                                    |
| Receipt For:                                                   | Aggregate Year-to-Date ▼                         | 1                                  |
| Primary General                                                | 00 0                                             |                                    |
| Other (specify) ▼                                              | 1000.00                                          |                                    |
| SUBTOTAL of Receipts This Page (optional).                     |                                                  | 1455.91                            |
| (00000000)                                                     |                                                  |                                    |
| TOTAL This Period (last page this line number                  | er only)                                         |                                    |

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Mary S Nguyen MD Date of Receipt Mailing Address 5727 Welsch Vw 02 2013 10 City State Zip Code Transaction ID: C2439002 TX San Antonio 78249-3149 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Name of Employer Occupation Medina Valley Family Practice Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 305.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Scott Nichols Date of Receipt Mailing Address 313 Scott St 10 20 2013 City State Zip Code Transaction ID: C2451448 MD **Baltimore** 21230-2109 Amount of Each Receipt this Period FEC ID number of contributing 33.18 federal political committee. Name of Employer Occupation Medstar Franklin Square Med Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 298.62 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Austin Oller MD Date of Receipt Mailing Address 304 N 1st St 10 01 2013 City Zip Code State Transaction ID: C2437748 KS Stockton 67669-1604 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Wichita Council on Graduate Medical Ed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 433.18 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| FOR LINE NUMBER: |     |  |     |  | PAGE | 3 | 36 | OF | 57 |
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| or for commercial purposes, other than using the                | name and address of any political committee to |                                    |
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| NAME OF COMMITTEE (In Full)                                     | * *                                            |                                    |
| American Academy of Family Pl                                   | hysicians Political Action Committe            | ee<br>                             |
| Full Name (Last, First, Middle Initial)  A. David C Olson MD    |                                                | Date of Receipt                    |
| Mailing Address S68w17729 Marybeck Ln                           |                                                | 10 02 2013                         |
| City                                                            | State Zip Code                                 | Transaction ID : C2439352          |
| Muskego                                                         | WI 53150-8508                                  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.      | С                                              | 370.00                             |
| Name of Employer                                                | Occupation                                     |                                    |
| Pro Health Care                                                 | Physician                                      |                                    |
| Receipt For:                                                    | Aggregate Year-to-Date ▼                       |                                    |
| Primary General                                                 | 00 0                                           |                                    |
| Other (specify) ▼                                               | 370.00                                         |                                    |
| Full Name (Last, First, Middle Initial)  3. Gwendolyn A Oran MD |                                                | Date of Receipt                    |
| Mailing Address 295 Lakepoint PI N                              |                                                | M = M / D = D / Y = Y = Y          |
| Apt 244                                                         | State Zin Code                                 | 10 30 2013                         |
| City<br>Keizer                                                  | State Zip Code OR 97303-8319                   | Transaction ID : C2457413          |
| Keizer                                                          | OR 97303-8319                                  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.      | С                                              | 365.00                             |
| Name of Employer                                                | Occupation                                     |                                    |
| Kaiser Permanente                                               | Physician                                      |                                    |
| Receipt For:                                                    | Aggregate Year-to-Date ▼                       |                                    |
| Primary General                                                 | 00 0                                           |                                    |
| Other (specify) ▼                                               | 365.00                                         |                                    |
| Full Name (Last, First, Middle Initial)  C. Javette C Orgain MD |                                                | Date of Receipt                    |
| Mailing Address PO Box 806527                                   |                                                | 10 10 2013                         |
| City                                                            | State Zip Code                                 | Transaction ID : C2493818          |
| Chicago                                                         | IL 60680-4126                                  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.      | C                                              | 125.00                             |
| Name of Employer                                                | Occupation                                     |                                    |
| UNIVERSITY OF ILLINOIS COLLEGE OF MED                           | ·                                              |                                    |
| Receipt For:                                                    | Aggregate Year-to-Date ▼                       |                                    |
| Primary General                                                 | . 1991 ogato Tour-to-Date ▼                    |                                    |
| Other (specify) ▼                                               | 1250.00                                        |                                    |
| SUBTOTAL of Receipts This Page (optional)                       |                                                | 860.00                             |
|                                                                 |                                                |                                    |
| TOTAL This Period (last page this line number of                | only)                                          |                                    |

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|    |                                                               | atements may not be sold or used by any person<br>name and address of any political committee to |                                    |
|----|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------|
|    | NAME OF COMMITTEE (In Full)                                   | ,,                                                                                               |                                    |
|    | · · · · · · · · · · · · · · · · · · ·                         | nysicians Political Action Committe                                                              | ee                                 |
| Δ. | Full Name (Last, First, Middle Initial)<br>Dinesh V Pai       |                                                                                                  | Date of Receipt                    |
|    | Mailing Address 26655 SE 18th St                              |                                                                                                  | 10 30 2013                         |
|    | City                                                          | State Zip Code                                                                                   | Transaction ID : C2457072          |
|    | Sammamish                                                     | WA 98075-7949                                                                                    | Amount of Each Receipt this Period |
|    | FEC ID number of contributing federal political committee.    | C                                                                                                | 250.00                             |
|    | Name of Employer                                              | Occupation                                                                                       |                                    |
|    | Self Employed                                                 | Physician                                                                                        |                                    |
|    | Receipt For:                                                  | Aggregate Year-to-Date ▼                                                                         |                                    |
|    | Primary General                                               |                                                                                                  |                                    |
|    | Other (specify) ▼                                             | 250.00                                                                                           |                                    |
| В. | Full Name (Last, First, Middle Initial)<br>Arnold I Pallay MD |                                                                                                  | Date of Receipt                    |
|    | Mailing Address Co Off Condo's # C-3                          |                                                                                                  | M = M / D = D / Y = Y = Y          |
|    | 170 CHANGEBRIDGE RD                                           | 7: 0.1                                                                                           | 10 02 2013                         |
|    | City                                                          | State Zip Code                                                                                   | Transaction ID : C2439350          |
|    | Montville                                                     | NJ 07045-9115                                                                                    | Amount of Each Receipt this Period |
|    | FEC ID number of contributing federal political committee.    | C                                                                                                | 365.00                             |
|    | Name of Employer                                              | Occupation                                                                                       |                                    |
|    | Changebridge Medical Associate, PA                            | Physician                                                                                        |                                    |
|    | Receipt For:                                                  | Aggregate Year-to-Date ▼                                                                         |                                    |
|    | Primary General                                               | 00 0                                                                                             |                                    |
|    | Other (specify) ▼                                             | 365.00                                                                                           |                                    |
| С. | Full Name (Last, First, Middle Initial) Douglas S Parks MD    |                                                                                                  | Date of Receipt                    |
|    | Mailing Address 821 E 18th St                                 |                                                                                                  | 10 02 2013                         |
|    | City                                                          | State Zip Code                                                                                   | Transaction ID : C2439028          |
|    | Cheyenne                                                      | WY 82001-4775                                                                                    | Amount of Each Receipt this Period |
|    | FEC ID number of contributing federal political committee.    | C                                                                                                | 250.00                             |
|    | Name of Employer                                              | Occupation                                                                                       |                                    |
|    | Self Employed                                                 | Physician                                                                                        |                                    |
|    | Receipt For:                                                  | Aggregate Year-to-Date ▼                                                                         |                                    |
|    | Primary General                                               | Aggregate real-to-Date ▼                                                                         |                                    |
|    | Other (specify) ▼                                             | 250.00                                                                                           |                                    |
| SI | UBTOTAL of Receipts This Page (optional)                      |                                                                                                  | 865.00                             |
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| NAME OF COMMITTEE (In Full) American Academy of Fami           | ly Physicians Political Action Comm | ittee                              |
|----------------------------------------------------------------|-------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) Tan J Platt MD         |                                     | Date of Receipt                    |
| Mailing Address 10 Somerton PI                                 |                                     | 10 02 2013                         |
| City                                                           | State Zip Code                      | Transaction ID : C2439318          |
| Columbia                                                       | SC 29209-0823                       | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.     | C                                   | 250.00                             |
| Name of Employer                                               | Occupation                          | _                                  |
| Self Employed                                                  | Physician                           |                                    |
| Receipt For:                                                   | Aggregate Year-to-Date ▼            |                                    |
| Primary General                                                |                                     |                                    |
| Other (specify) ▼                                              | 250.00                              |                                    |
| Full Name (Last, First, Middle Initial)  Christine C Ponzio MD |                                     | Date of Receipt                    |
| Mailing Address PO Box 646                                     |                                     | M = M / D = D / Y = Y = Y          |
| 1007 Iverson Circle                                            |                                     | 10 31 2013                         |
| City                                                           | State Zip Code                      | Transaction ID : C2456030          |
| Salinas                                                        | CA 93902-0646                       | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.     | C                                   | 250.00                             |
| Name of Employer                                               | Occupation                          |                                    |
| Gonzales Medical Group                                         | Physician                           |                                    |
| Receipt For:                                                   | Aggregate Year-to-Date ▼            |                                    |
| Primary General Other (specify) ▼                              | 250.00                              |                                    |
|                                                                | 200,00                              |                                    |
| Full Name (Last, First, Middle Initial)  Michelle Quiogue MD   |                                     | Date of Receipt                    |
| Mailing Address 2460 Pine St                                   |                                     | 10 20 2013                         |
| City                                                           | State Zip Code                      | Transaction ID : C2451446          |
| Bakersfield                                                    | CA 93301-2742                       | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.     | C                                   | 33.18                              |
| Name of Employer                                               | Occupation                          | _                                  |
| KP-SCPMG                                                       | Family Physician                    |                                    |
| Receipt For:                                                   | Aggregate Year-to-Date ▼            |                                    |
| Primary General                                                |                                     |                                    |
| Other (specify) ▼                                              | 298.62                              |                                    |
| SUBTOTAL of Receipts This Page (option                         | al)                                 | 533.18                             |
| age (opilotin                                                  |                                     |                                    |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Keith M Ratcliff MD Date of Receipt Mailing Address 864 Kleekamp Ln 10 02 2013 City State Zip Code Transaction ID: C2439622 MO 63090-5560 Washington Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 735.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sumana Reddy MD Date of Receipt Mailing Address 8036 San Miguel Canyon Rd #519 10 2013 02 City State Zip Code Transaction ID: C2439325 CA 93907-1208 Salinas Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Acacia Family Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00

| Other (specify) ▼                                              | 250.00                   |                                    |
|----------------------------------------------------------------|--------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)  Ellen S Reinheimer MD |                          | Date of Receipt                    |
| Mailing Address 20 Earlwoode Dr                                |                          | 10 04 2013                         |
| City                                                           | State Zip Code           | Transaction ID : C2440718          |
| White Plains                                                   | NY 10606-3902            | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.     | C                        | 750.00                             |
| Name of Employer                                               | Occupation               |                                    |
| West Med Medical Group                                         | Physician                |                                    |
| Receipt For:                                                   | Aggregate Year-to-Date ▼ |                                    |
| Primary General  Other (specify) ▼                             | 750.00                   |                                    |

SUBTOTAL of Receipts This Page (optional).....

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|                                                                    | Statements may not be sold or used by any persible name and address of any political committee to |                                                               |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)                                        |                                                                                                   |                                                               |
| American Academy of Family                                         | Physicians Political Action Commit                                                                | tee                                                           |
| Full Name (Last, First, Middle Initial)  A. Robert Chuck Rich MD   |                                                                                                   | Date of Receipt                                               |
| Mailing Address PO BOX 10 3744 Old Abbottsburg Rd                  |                                                                                                   | 10 20 2013                                                    |
| City                                                               | State Zip Code                                                                                    | Transaction ID : C2451447                                     |
| Bladenboro                                                         | NC 28320-0010                                                                                     | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.         | C                                                                                                 | 33.18                                                         |
| Name of Employer                                                   | Occupation                                                                                        | 1                                                             |
| CCNC/LCF                                                           | Physician                                                                                         |                                                               |
| Receipt For:                                                       | Aggregate Year-to-Date ▼                                                                          | 1                                                             |
| Primary General                                                    | 00 0                                                                                              |                                                               |
| Other (specify) ▼                                                  | 298.62                                                                                            |                                                               |
| Full Name (Last, First, Middle Initial)  Elisabeth L Righter MD    |                                                                                                   | Date of Receipt                                               |
| Mailing Address 267 Park Dr                                        |                                                                                                   | M M / D D / Y Y Y Y Y Y                                       |
| City                                                               | State Zip Code                                                                                    | 10 10 2013                                                    |
| Dayton                                                             | OH 45410-1315                                                                                     | Transaction ID : C2493817  Amount of Each Receipt this Period |
|                                                                    |                                                                                                   | Amount of Lacif neceipt this Period                           |
| FEC ID number of contributing federal political committee.         | C                                                                                                 | 100.00                                                        |
| Name of Employer                                                   | Occupation                                                                                        | 1                                                             |
| Wright State University BSM                                        | Physician                                                                                         |                                                               |
| Receipt For:                                                       | Aggregate Year-to-Date ▼                                                                          |                                                               |
| Primary General                                                    | 00 0                                                                                              |                                                               |
| Other (specify) ▼                                                  | 900.00                                                                                            |                                                               |
| Full Name (Last, First, Middle Initial)  C. Richard Guy Roberts MD |                                                                                                   | Date of Receipt                                               |
| Mailing Address 1100 Delaplaine Ct                                 |                                                                                                   | 10 02 _ 2013 _                                                |
| City                                                               | State Zip Code                                                                                    | Transaction ID : C2439331                                     |
| Madison                                                            | WI 53715-1840                                                                                     | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.         | C                                                                                                 | 100.00                                                        |
| Name of Employer                                                   | Occupation                                                                                        | -                                                             |
| University of Wisconsin                                            | Physician                                                                                         | ]                                                             |
| Receipt For:                                                       | Aggregate Year-to-Date ▼                                                                          |                                                               |
| Primary General                                                    | 00 0                                                                                              |                                                               |
| Other (specify) ▼                                                  | 250.00                                                                                            |                                                               |
| SUBTOTAL of Receipts This Page (optional).                         | <b>&gt;</b>                                                                                       | 233.18                                                        |
|                                                                    |                                                                                                   |                                                               |
| TOTAL This Period (last page this line number                      | er only)                                                                                          |                                                               |

| FOR LINE NUMBER: |         |    |     | PAGE | _ 4 | 41 | OF | 57 |    |
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| X                | 11a     |    | 11b |      | 11c |    | 12 |    |    |
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|                                                                           | Statements may not be sold or used by any persite name and address of any political committee to |                                         |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|
| NAME OF COMMITTEE (In Full)                                               |                                                                                                  |                                         |
| American Academy of Family F                                              | Physicians Political Action Committ                                                              | tee<br>                                 |
| Full Name (Last, First, Middle Initial)  A. Richard Guy Roberts MD        |                                                                                                  | Date of Receipt                         |
| Mailing Address 1100 Delaplaine Ct                                        |                                                                                                  | 10 04 2013                              |
| City                                                                      | State Zip Code                                                                                   | Transaction ID : C2440712               |
| Madison                                                                   | WI 53715-1840                                                                                    | Amount of Each Receipt this Period      |
| FEC ID number of contributing federal political committee.                | C                                                                                                | 100.00                                  |
| Name of Employer                                                          | Occupation                                                                                       | 1                                       |
| University of Wisconsin                                                   | Physician                                                                                        |                                         |
| Receipt For:                                                              | Aggregate Year-to-Date ▼                                                                         |                                         |
| Primary General                                                           | 00 0                                                                                             |                                         |
| Other (specify) ▼                                                         | 250.00                                                                                           |                                         |
| Full Name (Last, First, Middle Initial)  Richard Guy Roberts MD           |                                                                                                  | Date of Receipt                         |
| Mailing Address 1100 Delaplaine Ct                                        |                                                                                                  | 10 09 _ 2013 _                          |
| City                                                                      | State Zip Code                                                                                   | 10 09 2013<br>Transaction ID : C2445592 |
| Madison                                                                   | WI 53715-1840                                                                                    | Amount of Each Receipt this Period      |
| FEC ID number of contributing                                             |                                                                                                  |                                         |
| federal political committee.                                              | C                                                                                                | 50.00                                   |
| Name of Employer                                                          | Occupation                                                                                       |                                         |
| University of Wisconsin                                                   | Physician                                                                                        |                                         |
| Receipt For:                                                              | Aggregate Year-to-Date ▼                                                                         |                                         |
| Primary General                                                           | 00 0                                                                                             |                                         |
| Other (specify) ▼                                                         | 250.00                                                                                           |                                         |
| Full Name (Last, First, Middle Initial)  C. Flora F Sadri-Azarbayejani DO |                                                                                                  | Date of Receipt                         |
| Mailing Address 427 S Mountain Rd                                         |                                                                                                  | 10 24 _ 2013 _                          |
| City                                                                      | State Zip Code                                                                                   | Transaction ID : C2454193               |
| Northfield                                                                | MA 01360-9684                                                                                    | Amount of Each Receipt this Period      |
| FEC ID number of contributing federal political committee.                | C                                                                                                | 50.00                                   |
| Name of Employer                                                          | Occupation                                                                                       |                                         |
| Gardner Family Medicine                                                   | Physician                                                                                        |                                         |
| Receipt For:                                                              | Aggregate Year-to-Date ▼                                                                         |                                         |
| Primary General                                                           | 400.00                                                                                           |                                         |
| Other (specify) ▼                                                         | 400.00                                                                                           |                                         |
| SUBTOTAL of Receipts This Page (optional)                                 |                                                                                                  | 200.00                                  |
|                                                                           |                                                                                                  |                                         |
| TOTAL This Period (last page this line number                             | · only)                                                                                          |                                         |

| FOR LINE NUMBER: |                  |     | : PAGE | E 42 OF | 57 |  |
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|                                                                        | nd Statements may not be sold or used by any per<br>the name and address of any political committee to |                                    |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------|
| NAME OF COMMITTEE (In Full)                                            | - Distriction - District - LA -d - C                                                                   |                                    |
| / American Academy of Family                                           | y Physicians Political Action Commit                                                                   | ee                                 |
| Full Name (Last, First, Middle Initial)  A. Sarah L Sams MD            |                                                                                                        | Date of Receipt                    |
| Mailing Address 2994 Frazell Rd                                        |                                                                                                        | 10 30 2013                         |
| City                                                                   | State Zip Code                                                                                         | Transaction ID : C2456493          |
| Hilliard                                                               | OH 43026-9785                                                                                          | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.             | C                                                                                                      | 122.00                             |
| Name of Employer                                                       | Occupation                                                                                             | +                                  |
| Ohio Health                                                            | Physician                                                                                              |                                    |
| Receipt For:                                                           | Aggregate Year-to-Date ▼                                                                               | 7                                  |
| Primary General                                                        | 0.0                                                                                                    | 1                                  |
| Other (specify) ▼                                                      | 954.00                                                                                                 |                                    |
| Full Name (Last, First, Middle Initial)  Vincent Vincent Savath Savath |                                                                                                        | Date of Receipt                    |
| Mailing Address 1829 Foxtail Cir                                       |                                                                                                        | M = M / D = D / Y = Y = Y          |
| Altus                                                                  | Ctoto 7: Co-J                                                                                          | 10 07 2013                         |
| City                                                                   | State Zip Code                                                                                         | Transaction ID : C2442270          |
| Altus                                                                  | OK 73521-1100                                                                                          | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.             | C                                                                                                      | 365.00                             |
| Name of Employer                                                       | Occupation                                                                                             | 7                                  |
| Information Requested                                                  | Information Requested                                                                                  |                                    |
| Receipt For:                                                           | Aggregate Year-to-Date ▼                                                                               | 7                                  |
| Primary General                                                        | 00 0                                                                                                   |                                    |
| Other (specify) ▼                                                      | 365.00                                                                                                 |                                    |
| Full Name (Last, First, Middle Initial)  Dean A Schultz MD             |                                                                                                        | Date of Receipt                    |
| Mailing Address 1850 Hickory St                                        |                                                                                                        | 10 30 2013                         |
| City                                                                   | State Zip Code                                                                                         | Transaction ID : C2456943          |
| Abilene                                                                | TX 79601-2325                                                                                          | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.             | C                                                                                                      | 300.00                             |
| Name of Employer                                                       | Occupation                                                                                             | 1                                  |
| Self Employed                                                          | Physician                                                                                              |                                    |
| Receipt For:                                                           | Aggregate Year-to-Date ▼                                                                               |                                    |
| Primary General                                                        |                                                                                                        |                                    |
| Other (specify) ▼                                                      | 300.00                                                                                                 |                                    |
| SUBTOTAL of Receipts This Page (optional                               | 1)                                                                                                     | 787.00                             |
|                                                                        | <u> </u>                                                                                               |                                    |
| TOTAL This Period (last page this line num                             | ber only)                                                                                              |                                    |

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 43 OF

| TEMIZED DECEIDES                                                                                                       | Use separate schedule(s)                       | (check only one) | TAGE | 10 0 |    |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------|------|------|----|
| TEMIZED RECEIPTS                                                                                                       | for each category of the Detailed Summary Page | X 11a 11b        | 11c  | 12   |    |
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| any information copied from such Reports and Statements may refor commercial purposes, other than using the name and a | , , , , ,                                      |                  | 0    |      |    |

NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Larry A Severa MD Date of Receipt Mailing Address 61 Calendula Ct 10 02 2013 City State Zip Code Transaction ID: C2439615 MT 59105-2379 Billings Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Aaron Burl Shives MD Date of Receipt Mailing Address 350 28th Ave SE 10 2013 01 City State Zip Code Transaction ID: C2437715 Watertown SD 57201-8403 Amount of Each Receipt this Period FEC ID number of contributing 36.50 federal political committee. Name of Employer Occupation **Brown Clinic** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 292.00 Other (specify) Full Name (Last, First, Middle Initial) c. Yvonne May Smikle MD Date of Receipt Mailing Address 4 Evergreen Avenue 09 2013 10 City State Zip Code Transaction ID: C2445447 MA Newton 02466-1727 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 641.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

| FOR  | LINE    | NUMB | ER: | PAGE | _ 4 | 14 ( | )F | 57 |
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|                                                                                                        | d Statements may not be sold or used by any per-<br>the name and address of any political committee t |                                                               |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) American Academy of Family                                                 | Physicians Political Action Commit                                                                    | itee                                                          |
| Full Name (Last, First, Middle Initial)  Kevin Eugene Steichen MD                                      |                                                                                                       | Date of Receipt                                               |
| Mailing Address 2254 E 37th St                                                                         |                                                                                                       | 10 02 2013                                                    |
| City<br>Tulsa                                                                                          | State Zip Code<br>OK 74105-3432                                                                       | Transaction ID : C2439324  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                             | С                                                                                                     | 365.00                                                        |
| Name of Employer  Self Employed  Receipt For:  Primary General  Other (specify) ▼                      | Occupation Physician  Aggregate Year-to-Date ▼  365.00                                                | _                                                             |
| Full Name (Last, First, Middle Initial)  Elizabeth Steiner MD  Mailing Address 3181 SW Sam Jackson Par | k Rd                                                                                                  | Date of Receipt                                               |
| City Portland                                                                                          | State Zip Code OR 97239-3011                                                                          | Transaction ID : C2439323  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                             | С                                                                                                     | 500.00                                                        |
| Name of Employer<br>Self Employed                                                                      | Occupation Physician                                                                                  | -                                                             |
| Receipt For:  Primary General  Other (specify) ▼                                                       | Aggregate Year-to-Date ▼  500.00                                                                      |                                                               |
| Full Name (Last, First, Middle Initial)  Linda Gonzales Stogner Stogne                                 | er                                                                                                    | Date of Receipt                                               |
| Mailing Address PO BOX 807                                                                             |                                                                                                       | 10 02 2013                                                    |
| City<br>Estancia                                                                                       | State Zip Code<br>NM 87016-0807                                                                       | Transaction ID : C2439356  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                             | С                                                                                                     | 500.00                                                        |
| Name of Employer                                                                                       | Occupation                                                                                            | -                                                             |
| Pres. Medical Services  Receipt For:  Primary General  Other (specify) ▼                               | Physician  Aggregate Year-to-Date ▼  500.00                                                           |                                                               |
| SUBTOTAL of Receipts This Page (optional).                                                             |                                                                                                       | 1365.00                                                       |
| TOTAL This Period (last page this line numb                                                            |                                                                                                       |                                                               |

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| or for commercial purposes, other than using t                    | he name and address of any political committee to | solicit contributions from such committee. |
|-------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------|
| NAME OF COMMITTEE (In Full) American Academy of Family            | Physicians Political Action Committ               | tee                                        |
| Full Name (Last, First, Middle Initial)  A. Windel A Stracener MD |                                                   | Date of Receipt                            |
| Mailing Address 1333 Hunters Pointe Dr                            |                                                   | 10 02 2013                                 |
| City                                                              | State Zip Code                                    | Transaction ID : C2439596                  |
| Richmond                                                          | IN 47374-7184                                     | Amount of Each Receipt this Period         |
| FEC ID number of contributing federal political committee.        | С                                                 | 1000.00                                    |
| Name of Employer                                                  | Occupation                                        |                                            |
| Self Employed                                                     | Physician                                         |                                            |
| Receipt For:                                                      | Aggregate Year-to-Date ▼                          |                                            |
| Primary General  Other (specify) ▼                                | 1000.00                                           |                                            |
| Full Name (Last, First, Middle Initial)  3. Glen R Stream MD      |                                                   | Date of Receipt                            |
| Mailing Address 1708 S Martin St                                  |                                                   | 10 19 2013                                 |
| City                                                              | State Zip Code                                    | Transaction ID : C2451428                  |
| Spokane                                                           | WA 99203-3751                                     | Amount of Each Receipt this Period         |
| FEC ID number of contributing federal political committee.        | С                                                 | 250.00                                     |
| Name of Employer                                                  | Occupation                                        |                                            |
| Rockwood Clinic                                                   | physician                                         |                                            |
| Receipt For:  Primary General  Other (specify) ▼                  | Aggregate Year-to-Date ▼  2250.00                 |                                            |
| Full Name (Last, First, Middle Initial)  . Harry S Strothers MD   |                                                   | Date of Receipt                            |
| Mailing Address 1513 Cleveland Ave                                |                                                   | 10 02 2013 _                               |
| City                                                              | State Zip Code                                    | Transaction ID : C2439665                  |
| East Point                                                        | GA 30344-6947                                     | Amount of Each Receipt this Period         |
| FEC ID number of contributing federal political committee.        | C                                                 | 365.00                                     |
| Name of Employer                                                  | Occupation                                        |                                            |
| Self Employed                                                     | Physician                                         |                                            |
| Receipt For:                                                      | Aggregate Year-to-Date ▼                          |                                            |
| Primary General  Other (specify) ▼                                | 365.00                                            |                                            |
| SUBTOTAL of Receipts This Page (optional).                        | •                                                 | 1615.00                                    |
| TOTAL This Period (last page this line number                     | er only)                                          |                                            |

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|                                                                 | the name and address of any political committee to |                                         |
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| NAME OF COMMITTEE (In Full)                                     |                                                    |                                         |
| American Academy of Family                                      | Physicians Political Action Commit                 | tee                                     |
| Full Name (Last, First, Middle Initial)  Jonathan R Sugarman MD |                                                    | Date of Receipt                         |
| Mailing Address 10700 Meridian Ave N                            |                                                    | M = M / D = D / Y = Y = Y               |
| Ste 100                                                         | Clota 7' O '                                       | 10 02 2013                              |
| City<br>Seattle                                                 | State Zip Code<br>WA 98133-9008                    | Transaction ID : C2439030               |
| Seattle                                                         | ···· 90100-9000                                    | Amount of Each Receipt this Period      |
| FEC ID number of contributing federal political committee.      | C                                                  | 365.00                                  |
| Name of Employer                                                | Occupation                                         | 1                                       |
| Self Employed                                                   | Physician                                          |                                         |
| Receipt For:                                                    | Aggregate Year-to-Date ▼                           | 1                                       |
| Primary General                                                 | 00 0                                               |                                         |
| Other (specify) ▼                                               | 365.00                                             |                                         |
| Full Name (Last, First, Middle Initial)  Nancy C Swikert MD     |                                                    | Date of Receipt                         |
| Mailing Address 8780 US Highway 42                              |                                                    | 10 02 2013                              |
| City                                                            | State Zip Code                                     | 10 02 2013<br>Transaction ID : C2439640 |
| Florence                                                        | KY 41042-6936                                      | Amount of Each Receipt this Period      |
| FEC ID number of contributing                                   |                                                    |                                         |
| federal political committee.                                    | C                                                  | 365.00                                  |
| Name of Employer                                                | Occupation                                         | ]                                       |
| Self Employed                                                   | Physician                                          | ]                                       |
| Receipt For:                                                    | Aggregate Year-to-Date ▼                           |                                         |
| Primary General                                                 | 00 0                                               |                                         |
| Other (specify)                                                 | 365.00                                             |                                         |
| Full Name (Last, First, Middle Initial)  C. Stacy J Taylor MD   |                                                    | Date of Receipt                         |
| Mailing Address 173 E Cotton Hill Rd                            |                                                    | 10 20 2013                              |
| City                                                            | State Zip Code                                     | 10 20 2013  Transaction ID : C2451444   |
| New Hartford                                                    | CT 06057-3524                                      | Amount of Each Receipt this Period      |
| FEC ID number of contributing federal political committee.      | C                                                  | 33.18                                   |
| Name of Employer                                                | Occupation                                         | -                                       |
| Charlotte Hungerford Hospital                                   | Physician                                          | _                                       |
| Receipt For:                                                    | Aggregate Year-to-Date ▼                           |                                         |
| Primary General Other (specify)                                 | 298.62                                             |                                         |
| Other (specify)                                                 | 290.02                                             |                                         |
| SUBTOTAL of Receipts This Page (optional)                       |                                                    | 763.18                                  |
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| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Academy of Family                                                                                                                                                                                 | Physicians Political Action Commi                                                                 |                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)  Michael P Temporal MD  Mailing Address 180 S 3Rd St Ste 400  City  Belleville  FEC ID number of contributing federal political committee.  Name of Employer  So. Illinois Healthcare Foundation  Receipt For:  Primary General Other (specify) | State Zip Code IL 62220-1952  C  Occupation Physician  Aggregate Year-to-Date ▼  334.00           | Date of Receipt  10 02 2013  Transaction ID : C2439003  Amount of Each Receipt this Period  84.00 |
| Full Name (Last, First, Middle Initial)  Pamela W Tuck MD  Mailing Address 4135 Atlanta Hwy  City  Montgomery  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General Other (specify)                               | State Zip Code AL 36109-3022  C  Occupation Physician  Aggregate Year-to-Date ▼  450.00           | Date of Receipt  10 30 2013  Transaction ID : C2456490  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial)  Donna Valponi Brookhart  Mailing Address 4516 NE De La Mar Ct  City Lees Summit  FEC ID number of contributing federal political committee.  Name of Employer  AAFP- KS  Receipt For: Primary General Other (specify)                          | State Zip Code MO 64064-1391  C  Occupation Marketing Executive  Aggregate Year-to-Date ▼  250.00 | Date of Receipt  10 09 2013  Transaction ID: C2445591  Amount of Each Receipt this Period  250.00 |
| SUBTOTAL of Receipts This Page (optional).                                                                                                                                                                                                                                              | <u> </u>                                                                                          | 384.00                                                                                            |

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| Full Name (Last, First, Middle Initial)  A. S. David Wakulchik MD  Mailing Address Autman FMRD  2600 7th St SW  City Canton  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Receipt For:  Primary General Other (specify) ▼  State Zip Code WA 98101-2406  FEC ID number of contributing federal political committee.  Raceipt For:  Primary General Other (specify) ▼  State Zip Code WA 98101-2406  FEC ID number of contributing federal political committee.  Name of Employer Seattle WA 98101-2406  FEC ID number of contributing federal political committee.  Name of Employer Self E | or for commercial purposes, other than using NAME OF COMMITTEE (In Full)                                                                                                                                          | y Physicians Political Action Commit                                     | to solicit contributions from such committee.                             |
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| Mailing Address 1823 Terry Ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A. S. David Wakulchik MD  Mailing Address Aultman FMRD  2600 7th St SW  City  Canton  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary  General | OH 44710-1709  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00 | 10 23 2013  Transaction ID : C2453526  Amount of Each Receipt this Period |
| Andrew H Weary MD  Mailing Address 7000 Woodhue Bldg C  City Austin  FEC ID number of contributing federal political committee.  Name of Employed Receipt For:  Primary  Other (specify) ▼  Date of Receipt  M M M J D D J 2013  Transaction ID : C2457412  Amount of Each Receipt this Period  To Cocupation  Physician  Aggregate Year-to-Date ▼  780 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mailing Address 1823 Terry Ave Apt 1609  City Seattle  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary  General                                  | WA 98101-2406  C  Occupation Physician  Aggregate Year-to-Date ▼         | 10 03 2013  Transaction ID : C2439875  Amount of Each Receipt this Period |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mailing Address 7000 Woodhue Bldg C City Austin  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Receipt For: Primary General                                          | TX 78745-1470  C  Occupation Physician  Aggregate Year-to-Date ▼         | 10 30 2013<br>Transaction ID : C2457412                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SUBTOTAL of Receipts This Page (optional                                                                                                                                                                          | il)                                                                      | 780.00                                                                    |

| FOF  | PAGE    | _ 4 | 19  | OF | 57  |  |    |  |    |
|------|---------|-----|-----|----|-----|--|----|--|----|
| (che | ck only | or  | ne) |    |     |  |    |  |    |
| ×    | 11a     |     | 11b |    | 11c |  | 12 |  |    |
|      | 13      |     | 14  |    | 15  |  | 16 |  | 17 |

| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)                                                                                                                                                                                                | ne name and address of any political committee to                                        |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| American Academy of Family I  Full Name (Last, First, Middle Initial) Thomas J Weida MD  Mailing Address 845 Fishburn Rd  City Hershey  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Receipt For: Primary Other (specify)     | State Zip Code PA 17033-2015  C  Occupation Physician  Aggregate Year-to-Date   365.00   | Date of Receipt  10 02 2013  Transaction ID : C2439367  Amount of Each Receipt this Period  365.00 |
| Full Name (Last, First, Middle Initial)  Richard Andre Wherry MD  Mailing Address 59 Tipton Dr  City  Dahlonega  FEC ID number of contributing federal political committee.  Name of Employer  Chestatee Regional Hospital  Receipt For:  Primary  General  Other (specify) | State Zip Code GA 30533-1603  C  Occupation Physician  Aggregate Year-to-Date ▼  2250.00 | Date of Receipt  10 05 2013  Transaction ID: C2440980  Amount of Each Receipt this Period  250.00  |
| Full Name (Last, First, Middle Initial) Patricia Mary Williams MD  Mailing Address 110 S 9th St  City Mayfield  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For: Primary General Other (specify)                   | State Zip Code KY 42066-2208  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00  | Date of Receipt  10 03 2013  Transaction ID: C2439885  Amount of Each Receipt this Period  500.00  |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line numbe                                                                                                                                                                                     |                                                                                          | 1115.00                                                                                            |

| ı | FOR LINE     | NUMBER | : PAGE | 50 OF | 57 |
|---|--------------|--------|--------|-------|----|
|   | (check only  | y one) |        |       |    |
|   | <b>X</b> 11a | 11b    | 11c    | 12    |    |
|   | 13           | 14     | 15     | 16    | 17 |

|                                                                      | Statements may not be sold or used by any persone name and address of any political committee to |                                      |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------|
| NAME OF COMMITTEE (In Full)                                          |                                                                                                  |                                      |
| American Academy of Family I                                         | Physicians Political Action Commit                                                               | ttee                                 |
| Full Name (Last, First, Middle Initial)  A. Andy F Williamson MD     |                                                                                                  | Date of Receipt                      |
| Mailing Address 214 Ridge Cir                                        |                                                                                                  | 10 31 2013                           |
| City                                                                 | State Zip Code                                                                                   | Transaction ID : C2456022            |
| Dublin                                                               | GA 31021-3715                                                                                    | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.           | C                                                                                                | 500.00                               |
| Name of Employer                                                     | Occupation                                                                                       | 1                                    |
| Medical Center                                                       | Physician                                                                                        |                                      |
| Receipt For:                                                         | Aggregate Year-to-Date ▼                                                                         | ]                                    |
| Primary General                                                      |                                                                                                  |                                      |
| Other (specify) ▼                                                    | 500.00                                                                                           |                                      |
| Full Name (Last, First, Middle Initial)  Dennis Buford Yelvington MD |                                                                                                  | Date of Receipt                      |
| Mailing Address 1609 North Medical Drive                             |                                                                                                  | 10 03 2013                           |
| City                                                                 | State Zip Code                                                                                   | Transaction ID : C2439870            |
| Stuttgart                                                            | AR 72160-1901                                                                                    | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.           | С                                                                                                | 500.00                               |
| Name of Employer                                                     | Occupation                                                                                       | 1                                    |
| Stuttgart Medical Clinic                                             | Physician                                                                                        |                                      |
| Receipt For:                                                         | Aggregate Year-to-Date ▼                                                                         | 1                                    |
| Primary General Other (specify) ▼                                    | Aggregate Year-to-Date ▼ 500.00                                                                  |                                      |
| Full Name (Last, First, Middle Initial)                              | <u>'</u>                                                                                         | Date of Receipt                      |
| Mailing Address                                                      |                                                                                                  | Date of Receipt                      |
| City                                                                 | State Zip Code                                                                                   | Amount of Each Descript the Descript |
| FEC ID number of contributing federal political committee.           | C                                                                                                | Amount of Each Receipt this Period   |
| Name of Employer                                                     | Occupation                                                                                       | 1                                    |
| Receipt For:  Primary General  Other (specify) ▼                     | Aggregate Year-to-Date ▼                                                                         |                                      |
| SUBTOTAL of Receipts This Page (optional)                            |                                                                                                  | 1000.00                              |
| ,                                                                    |                                                                                                  |                                      |
| TOTAL This Period (last page this line number                        | r only)                                                                                          | 40334.07                             |

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| S  | CHEDULE B (FEC Form 3X)                                                                             |                      | FOR LINE NUMBER: PAGE 51 OF          |          |                  |          | OF   | 57     |         |         |        |          |              |     |
|----|-----------------------------------------------------------------------------------------------------|----------------------|--------------------------------------|----------|------------------|----------|------|--------|---------|---------|--------|----------|--------------|-----|
| IT | EMIZED DISBURSEMENTS                                                                                |                      | arate schedule(s)<br>category of the | \ I      | (check only one) |          |      |        |         |         |        |          |              |     |
|    |                                                                                                     |                      | Summary Page                         |          |                  |          | 25   |        | 26      |         |        |          |              |     |
| _  |                                                                                                     |                      |                                      |          |                  | 27       | 28   |        | 28b     |         | 28c    | 29       |              | 30b |
|    | y information copied from such Reports and Staten for commercial purposes, other than using the nam |                      |                                      |          |                  |          |      |        |         |         |        |          |              | S   |
|    | NAME OF COMMITTEE (In Full)                                                                         |                      |                                      |          |                  |          |      |        |         |         |        |          |              |     |
|    | American Academy of Family Phys                                                                     | icians P             | Political Action                     | on (     | Com              | mitt     | ee   |        |         |         |        |          |              |     |
| _  | Full Name (Last, First, Middle Initial)                                                             |                      |                                      |          |                  |          |      |        |         |         |        |          |              |     |
| Α. | American Express                                                                                    |                      |                                      |          |                  |          | Date | of D   | isburse |         |        | YY       | Y            |     |
|    | Mailing Address PO Box 53852                                                                        |                      |                                      |          |                  |          | 1    | 0      | C       | )1      |        | 2013     | -            |     |
|    | ,                                                                                                   | State                | Zip Code                             |          |                  |          | Tra  | nsac   | tion ID | ) : D   | 148664 |          |              |     |
|    | Purpose of Disbursement                                                                             | AZ                   | 85072-3852                           |          |                  |          |      |        |         | _       |        |          |              |     |
|    | Bank card processing fee                                                                            |                      |                                      |          |                  |          | Amo  | unt o  | f Each  | Dis     | bursem | ent this | Peri         | od  |
|    | Candidate Name                                                                                      |                      |                                      |          | ategor<br>Type   | γ/       |      |        | ,       |         |        | 1        | 1.86         |     |
|    | Office Sought: House Disbursen Senate                                                               | nent For:<br>Primary | General                              |          |                  |          |      |        |         |         |        |          |              |     |
|    | President State: District:                                                                          | Other (spec          | cify) 🔻                              |          |                  |          |      |        |         |         |        |          |              |     |
| _  | Full Name (Last, First, Middle Initial)                                                             |                      |                                      |          |                  |          |      |        |         |         |        |          |              |     |
| В. | American Express                                                                                    |                      |                                      |          |                  |          | Date | of D   | isburse |         |        |          |              |     |
|    | Mailing Address PO Box 53852                                                                        |                      |                                      |          |                  |          |      | 0      |         | )7      | / Y    | 2013     | Y            |     |
|    | Phoenix                                                                                             | State<br>AZ          | Zip Code<br>85072-3852               |          |                  |          | Tra  | ınsac  | tion IE | ) : D   | 148665 |          |              |     |
|    | Purpose of Disbursement Bank card processing fee                                                    |                      |                                      | Г        |                  |          | Amo  | unt o  | f Each  | Dis     | bursem | ent this | Peri         | od  |
|    | Candidate Name                                                                                      |                      |                                      |          | ategor<br>Type   | ·y/      |      |        | ,       |         | ,      | 31       | 3.85         |     |
|    |                                                                                                     | Primary              | General                              |          |                  |          |      |        |         |         |        |          |              |     |
|    | State: President District:                                                                          | Other (spec          | cify) 🔻                              |          |                  |          |      |        |         |         |        |          |              |     |
| C. | Full Name (Last, First, Middle Initial)  American Express                                           |                      |                                      |          |                  |          | Date | of D   | isburse | eme     | nt     |          |              |     |
|    | Mailing Address PO Box 53852                                                                        |                      |                                      |          |                  |          | M 1  | M<br>0 |         | D<br>)7 | / Y    | 2013     | Y            |     |
|    |                                                                                                     | State                | Zip Code                             |          |                  |          | _    |        |         | Ξ       |        |          |              |     |
|    | Phoenix                                                                                             | AZ                   | 85072-3852                           |          |                  |          | Tra  | ınsac  | tion ID | ) : D   | 148666 |          |              |     |
|    | Purpose of Disbursement Bank card processing fee                                                    |                      |                                      |          | -                |          |      |        |         |         |        |          |              |     |
|    | Candidate Name                                                                                      |                      |                                      |          | ategor<br>Type   | ry/      | Amo  | unt o  | f Each  | Dis     | bursem |          | Peri<br>6.24 |     |
|    | Office Sought: House Disbursen                                                                      | nent For:            |                                      | <u> </u> | 715              |          |      |        | 7       |         | 7      |          | -            |     |
|    | Senate                                                                                              | Primary              | General                              |          |                  |          |      |        |         |         |        |          |              |     |
|    | President                                                                                           | Other (spec          | cify) 🔻                              |          |                  |          |      |        |         |         |        |          |              |     |
|    | State: District:                                                                                    |                      |                                      |          |                  |          |      |        |         |         |        |          |              |     |
| s  | UBTOTAL of Disbursements This Page (optional)                                                       |                      |                                      |          |                  | <u> </u> | F    | _      | 1       |         | - 5    | 36       | 1.95         |     |
| т  | OTAL This Period (last page this line number only)                                                  |                      |                                      |          |                  | •        |      |        | 1       |         | 7      |          |              |     |

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| SCHE         | IEDULE B (FEC Form 3X)  FOR LINE NUMBER:  PAGE 52 OF |                                             |                           |                                    |                                         |                   | OF 57        |        |                         |                |           |         |                   |         |               |
|--------------|------------------------------------------------------|---------------------------------------------|---------------------------|------------------------------------|-----------------------------------------|-------------------|--------------|--------|-------------------------|----------------|-----------|---------|-------------------|---------|---------------|
| ITEMI        | ZED DISE                                             | BURSEMENT                                   | S                         |                                    | arate schedule(s)<br>category of the    |                   | check        | only   | one)                    |                |           |         | . –               |         |               |
|              |                                                      |                                             |                           |                                    | Summary Page                            |                   | ×            | 21b    | 22                      | Ш              | 23<br>20h | 2       |                   | 25      | 26            |
|              |                                                      |                                             |                           |                                    |                                         |                   |              | 27     | 28a                     |                | 28b       |         | 8c                | 29      | 30            |
| Any info     | rmation copied<br>ommercial purp                     | d from such Reports<br>poses, other than us | and Staten<br>ing the nam | nents may<br>ne and add            | not be sold or us<br>ress of any politi | sed by<br>cal con | any<br>nmitt | persor | n for the<br>solicit co | purp<br>ntribu | ose o     | f solic | iting c<br>such c | ontribu | tions<br>tee. |
| I \          | E OF COMMIT                                          | , ,                                         |                           |                                    |                                         |                   |              |        |                         |                |           |         |                   |         |               |
| /            |                                                      | ademy of Fan                                | nily Phys                 | icians F                           | Political Acti                          | on C              | om           | mitte  | ee                      |                |           |         |                   |         |               |
|              |                                                      | irst, Middle Initial)                       |                           |                                    |                                         |                   |              |        | <b>.</b>                | . Б            |           |         |                   |         |               |
|              | A. American Express                                  |                                             |                           |                                    |                                         |                   |              |        | Date of                 | f Disl         | ourse     |         |                   | YYY     | Υ             |
|              | ng Address PC                                        | D Box 53852                                 |                           |                                    |                                         |                   |              |        | 10                      | _              | 15        | 5       | 2                 | 2013    |               |
| City         |                                                      |                                             | 5                         | State                              | Zip Code                                |                   |              |        | Trans                   | actio          | on ID     | : D148  | 3887              |         |               |
| Phoe         | nix<br>ose of Disburs                                | ement                                       |                           | AZ                                 | 85072-3852                              |                   |              |        |                         |                |           |         |                   |         |               |
| Banl         | k card process                                       |                                             |                           |                                    |                                         |                   | Ξ            |        | Amount                  | t of E         | Each      | Disbur  | semer             | nt this | Period        |
|              | idate Name                                           |                                             |                           |                                    |                                         |                   | egory<br>ype | y/     |                         | _              | ,         |         | ,                 |         | 7.31          |
| Office       | e Sought:                                            | House<br>Senate<br>President                |                           | nent For:<br>Primary<br>Other (spe | General                                 |                   |              |        |                         |                |           |         |                   |         |               |
| State        | : [                                                  | District:                                   |                           | (-)                                | <b>y</b> /, <b>\</b>                    |                   |              |        |                         |                |           |         |                   |         |               |
| Full N       | Name (Last, Fi                                       | irst, Middle Initial)                       |                           |                                    |                                         |                   |              |        |                         |                |           |         |                   |         |               |
|              | erican Ex                                            |                                             |                           |                                    |                                         |                   |              |        | Date of                 | f Disl         | burse     |         | V                 | Y       | V             |
| Mailir       | ng Address Po                                        | O Box 53852                                 |                           |                                    |                                         |                   |              |        | 10                      | ]              | 15        |         |                   | 2013    |               |
| City<br>Phoe |                                                      |                                             | 5                         | State<br>AZ                        | Zip Code<br>85072-3852                  |                   |              |        | Trans                   | actio          | on ID     | : D148  | 3888              |         |               |
|              | ose of Disburs<br>k card process                     |                                             |                           |                                    |                                         | П                 |              | 7      | Amount                  | t of E         | Each      | Disbur  | semer             | nt this | Period        |
| Cand         | idate Name                                           |                                             |                           |                                    |                                         |                   | egory<br>ype | //     |                         |                |           |         |                   |         | 2.97          |
| Office       | e Sought:                                            | House Senate President District:            |                           | nent For:<br>Primary<br>Other (spe | General cify) ▼                         |                   |              |        |                         |                |           |         |                   |         |               |
|              |                                                      | irst, Middle Initial)                       |                           |                                    |                                         |                   |              |        |                         |                |           |         |                   |         |               |
| C. Am        | erican Ex                                            | press                                       |                           |                                    |                                         |                   |              |        | Date of                 | f Disl         | ourse     |         | V                 | Y Y     | V             |
| Mailir       | ng Address PC                                        | O Box 53852                                 |                           |                                    |                                         |                   |              |        | 10                      | 1              | 28        |         |                   | 2013    |               |
| City<br>Phoe | nix                                                  |                                             |                           | State<br>AZ                        | Zip Code<br>85072-3852                  |                   |              |        | Trans                   | actio          | on ID     | : D150  | 0519              |         |               |
| Purpo        | ose of Disburs<br>k card process                     |                                             |                           |                                    |                                         | _                 | -            | $\neg$ | Amount                  | l of F         | -oob      | Diahum  |                   | st thin | Dariad        |
| Cand         | idate Name                                           |                                             |                           |                                    |                                         |                   | egory        | y/     | Amoun                   | LOIE           | acn       | DISDUI  | semer             |         | 1.12          |
| Office       | e Sought:                                            | House                                       | Disbursen                 | nent For:                          |                                         |                   | -            |        |                         |                |           |         | 7                 |         |               |
|              |                                                      | Senate                                      |                           | Primary                            | General                                 |                   |              |        |                         |                |           |         |                   |         |               |
|              |                                                      | President                                   |                           | Other (spe                         | cify) ▼                                 |                   |              |        |                         |                |           |         |                   |         |               |
| State        | : [                                                  | District:                                   |                           |                                    |                                         |                   |              |        |                         |                |           |         |                   |         |               |
|              |                                                      | rsements This Page                          |                           |                                    |                                         |                   |              | _      | ·<br>·                  | -              |           |         |                   | 21      | .40           |

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| Use separate schedule(s) check only one)    Value   V | S        | CHEDULE B (FEC Form 3X)                            |             |                  |                     |        | OF          | 57                                      |        |      |          |      |         |          |          |    |
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| Disturbed Summary Rege   270   28   28   28   29   360   28   29   360   28   28   28   28   28   28   28   2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | IT       | EMIZED DISBURSEMENTS                               |             |                  | s) (check only one) |        |             |                                         |        |      |          |      |         |          |          |    |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicing contributions or for commercial purposes, other than using the name and address of any political committee.  NAME OF COMMITTEE (in Full)  American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial)  A. American Express  Mulling Address PO Box 53852  City State Zip Code Phoenix AZ 86072-3852  Purpose of Disbursement Bor: State: Disfrict  Full Name (Last, First, Middle Initial)  B. American Express  Mulling Address PO Box 53852  City State Zip Code Primary General  State: Disfrict  Full Name (Last, First, Middle Initial)  B. American Express  Mulling Address PO Box 53852  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Earls and processing fee  Candidate Name  Category/ Type  Category/ Type  Category/ Types  Cat | -        |                                                    |             |                  |                     | X      |             |                                         | L      |      |          |      |         |          |          |    |
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial)  A. American Express  Mailing Address PO Box 53852  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Bank card processing fee  Candidate Name  Office Sought: House President Disbursement For:  Senate President Disbursement Bank card processing fee  Candidate Name  Office Sought: House President Disbursement For:  Senate President Disbursement Ibis Period  Category/ Type  Office Sought: House Disbursement For:  Senate Disbursement Disbursement Ibis Period  Category/ Type  Office Sought: House Disbursement For:  Senate Disbursement Disbursement Ibis Period  Category/ Type  Office Sought: House Disbursement For:  Senate Disbursement Disbursement Ibis Period  Category/ Type  Transaction ID: D150521  Amount of Each Disbursement Ibis Period  Category/ Type  Transaction ID: D150522  Amount of Each Disbursement Ibis Period  Category/ Type  Transaction ID: D150522  Amount of Each Disbursement Ibis Period  Category/ Type  Transaction ID: D150522  Amount of Each Disbursement Ibis Period  Category/ Type  Transaction ID: D150522  Amount of Each Disbursement Ibis Period  Category/ Type  Transaction ID: D150522  Amount of Each Disbursement Ibis Period  Category/ Type  Transaction ID: D150522  Amount of Each Disbursement Ibis Period  Category/ Type  Office Sought: House Disbursement For:  Cardidate Name  Category/ Type  Transaction ID: D150522  Amount of Each Disbursement Ibis Period  Category/ Type  Office Sought: House Disbursement For:  District  District  District  City Phoenix President Disbursement For:  District  District  District  Transaction ID: D150522  Amount of Each Disbursement Ibis Period  Category/ Type  Office Sought: House Disbursement For:  District  District  Transaction ID: D150522  Amount of Each Disbursement Ibis Pe | _        |                                                    |             |                  |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial)  A. American Express  Mailing Address PO Box 53852  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Bank card processing fee Candidate Name  Category' 16.79  Office Sought: House President Disbursement For: Sanate Primary General Process of Disbursement Bank card processing fee Candidate Name  Category' 7ype  Date of Disbursement Ibs Period Category' 16.79  Transaction ID : D150520  Amount of Each Disbursement Ibs Period Category' 16.79  Transaction ID : D150521  Amount of Each Disbursement Ibs Period Category' 7ype  Office Sought: House Disbursement For: Category' 7ype  Office Sought: House Disbursement For: Disbursement Category' 7ype  Office Sought: House Disbursement For: Disbursement Disbursement For: District Di |          |                                                    |             |                  |                     |        |             |                                         |        |      |          |      |         |          |          | S  |
| A American Express  Mailing Address PO Box 53852  City State Zip Code AZ 85072-3852  Purpose of Disbursement Bank card processing fee Candidate Name  Office Sought: House Disbursement For: Senate Primary General Phoenix AZ 85072-3852  City State Zip Code Anount of Each Disbursement this Period  Transaction ID: D150520  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: D150520  Amount of Each Disbursement this Period  Transaction ID: D150520  Amount of Each Disbursement this Period  Transaction ID: D150521  Amount of Each Disbursement  State: District: Transaction ID: D150521  Transaction ID: D150521  Transaction ID: D150521  Amount of Each Disbursement  Date of Disbursement  Transaction ID: D150521  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement  Transaction ID: D150521  Transaction ID: D150521  Transaction ID: D150521  Transaction ID: D150521  Amount of Each Disbursement this Period  Transaction ID: D150521  Transaction ID: D150521  Transaction ID: D150522  Amount of Each Disbursement  Date of Disbursement  Transaction ID: D150522  Transaction ID: D150522  Amount of Each Disbursement  Transaction ID: D150522  Amount of Each Disbursement this Period  Category' Type  Transaction ID: D150522                                                                                                                                                                                                                       |          | NAME OF COMMITTEE (In Full)                        |             |                  |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| A American Express  Mailing Address PO Box 53852  City State Zip Code AZ 85072-3852  Purpose Disbursement Bank card processing fee Candidate Name  City President Disbursement For: Senate President Other (specify) ▼  City State Zip Code AZ 85072-3852  City Senate President Disbursement Tor: Senate Primary General Category' Type  City Senate President Disbursement Tor: Senate President Disbursement Disbursement Tor: Senate President Disbursement Disbursement Tor: Senate President Disbursement Tor: Senate Disbursement Tor: Senate President Disbursement Tor: Senate President Disbursement Tor: Senate Disbursement |          | American Academy of Family Phys                    | icians P    | Political Action | on (                | Com    | mitt        | ee                                      |        |      |          |      |         |          |          |    |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _        |                                                    |             |                  |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| City State Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name  City Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  Transaction ID : D150520  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Date of Disbursement  Date of Disbursement  Transaction ID : D150520  Amount of Each Disbursement  Date of Disbursement  Transaction ID : D150520  Amount of Each Disbursement  Transaction ID : D150520  Amount of Each Disbursement  Date of Disbursement  Transaction ID : D150520  Amount of Each Disbursement  Date of Disbursement  Transaction ID : D150520  Date of Disbursement  Date of Disbursement this Period  Category/ Type  Transaction ID : D150520  Amount of Each Disbursement  Date of Disbursement  Transaction ID : D150520  Transaction ID : D150520  Transaction ID : D150522  Transaction ID : D150522  Transaction ID : D150522  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  Transaction ID : D150522  Transaction ID : D150522  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : D150522  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : D150522  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : D150520  Transact | Α.       | American Express                                   |             |                  |                     |        |             | Dat                                     | e of   | Disb |          |      |         | YY       | Y        |    |
| Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name  Category/ Office Sought: House Primary General Phoenix Bank card processing fee Candidate Name  City State Zip Code Phoenix Bank card processing fee Candidate Name  Category/ Type  Disbursement For:  Senate President Other (specify) ▼  Date of Disbursement  Transaction ID: D150520  Amount of Each Disbursement this Period  Transaction ID: D150520  Amount of Each Disbursement  Date of Disbursement  Transaction ID: D150521  Amount of Each Disbursement  Date of Disbursement  Transaction ID: D150521  Amount of Each Disbursement this Period  Transaction ID: D150521  Transaction ID: D150521  Amount of Each Disbursement this Period  Transaction ID: D150521  Transaction ID: D150521  Transaction ID: D150521  Amount of Each Disbursement this Period  Transaction ID: D150521  Transaction ID: D150521  Transaction ID: D150521  Amount of Each Disbursement this Period  Transaction ID: D150522  Transaction ID: D150522  Transaction ID: D150522  Amount of Each Disbursement  Date of Disbursement  Transaction ID: D150522  Transaction ID: D150522  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: D150522  Transaction ID: D150522  Transaction ID: D150522  Amount of Each Disbursement this Period  Transaction ID: D150522                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                    |             |                  |                     |        |             |                                         | 10     |      | 29       | 9    | L       | 2013     |          |    |
| Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  B. American Express  Mailing Address PO Box 53852  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Transaction ID : D150521  Amount of Each Disbursement this Period  Transaction ID : D150521  Amount of Each Disbursement this Period  Transaction ID : D150521  Amount of Each Disbursement this Period  Transaction ID : D150521  Amount of Each Disbursement this Period  Transaction ID : D150521  Transaction ID : D150521  Amount of Each Disbursement this Period  Transaction ID : D150521  Transaction ID : D150521  Amount of Each Disbursement this Period  Transaction ID : D150521  Transaction ID : D150521  Transaction ID : D150521  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : D150522  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : D150522  Amount of Each Disbursement this Period  Transaction ID : D150522  Transaction ID : D150522  Amount of Each Disbursement this Period  Transaction ID : D150522  Transaction ID : D150522  Transaction ID : D150522  Transaction ID : D150522                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                    |             | •                |                     |        |             | Tr                                      | ansa   | ctio | n ID     | : D1 | 50520   |          |          |    |
| Bank card processing fee  Candidate Name  Category/  Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                                    | AZ          | 85072-3852       |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| Office Sought: House Senate President State: District: Other (specify) ▼    State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | Bank card processing fee                           |             |                  |                     |        |             | Amo                                     | ount   | of E | ach      | Disk | ourseme | ent this | Peri     | od |
| Senate Prisident Other (specify) ▼    State: District:   Prisident President   Prisident   Prisident  |          |                                                    |             |                  |                     |        | γ/          |                                         |        | ,    |          |      | 7       | 1        | 6.79     |    |
| State: District:  Full Name (Last, First, Middle Initial)  B. American Express  Mailing Address PO Box 53852  City State Zip Code AZ 85072-3852  Purpose of Disbursement  Bank card processing fee  Candidate Name  District:  Full Name (Last, First, Middle Initial)  C. American Express  Mailing Address PO Box 53852  Transaction ID : D150521  Amount of Each Disbursement this Period  Type  Other (specify) ▼  Date of Disbursement  Amount of Each Disbursement this Period  Type  Date of Disbursement  Disbursement this Period  Type  Date of Disbursement this Period  Transaction ID : D150521  Amount of Each Disbursement this Period  Transaction ID : D150521  Date of Disbursement this Period  Transaction ID : D150522  Transaction ID : D150522  Transaction ID : D150522  Amount of Each Disbursement  Date of Disburs |          |                                                    |             |                  |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| State: District:  Full Name (Last, First, Middle Initial)  B. American Express  Mailing Address PO Box 53852  City Phoenix AZ 85072-3852  Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Office Sought: House President State: District:  District:  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Transaction ID: D150521  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Transaction ID: D150521  Amount of Each Disbursement this Period  Date of Disbursement this Period  Transaction ID: D150521  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: D150522  Transaction ID: D150522  Amount of Each Disbursement  Date of Disbursement  Transaction ID: D150522  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: President State: District:  District:  District:  District:  District:  Date of Disbursement  Transaction ID: D150522  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                    | •           |                  |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| B. American Express  Mailing Address PO Box 53852  City State Zip Code AZ 85072-3852  Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Office Sought: House President District:  Full Name (Last, First, Middle Initial)  C. American Express  Mailing Address PO Box 53852  District: State Zip Code AZ 85072-3852  Primary General Other (specify) ▼  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Transaction ID: D150521  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: D150521  Date of Disbursement this Period  Category/ Type  Office Sought: House Disbursement For:  Senate President Disbursement For:  Senate Primary General Other (specify) ▼  Disbursement For:  Category/ Type  Transaction ID: D150522  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For:  Senate President Disbursement For:  Senate  |          |                                                    | Other (spec | city) 🔻          |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| Mailing Address PO Box 53852  City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Office Sought: District:  Full Name (Last, First, Middle Initial)  C. American Express  Mailing Address PO Box 53852  City State Zip Code Primary General Other (specify) ▼  Date of Disbursement ID: D150521  Amount of Each Disbursement this Period  Transaction ID: D150521  Amount of Each Disbursement this Period  Transaction ID: D150521  Date of Disbursement this Period  Transaction ID: D150522  Transaction ID: D150522  Amount of Each Disbursement  Date of Disbursement ID: D150522  Transaction ID: D150522  Amount of Each Disbursement ID: D150522  Transaction ID: D150522  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  District: District: General Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _        |                                                    |             |                  |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| Mailing Address PO Box 53852  City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | В.       |                                                    |             |                  |                     |        |             | Dat                                     | e of   | Disb | urse     | mer  | ıt      |          |          |    |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          | / Interiodit Express                               |             |                  |                     |        |             | M                                       | _ M    | /    | D        | D    | / Y     | YY       | Y        |    |
| Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Bank card processing fee  Candidate Name  City State Zip Code AZ 85072-3852  Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Date of Disbursement  Transaction ID: D130321  Amount of Each Disbursement this Period  Transaction ID: D150521  Amount of Each Disbursement  Category/ Type  Transaction ID: D150522  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | Mailing Address PO Box 53852                       |             |                  |                     |        |             |                                         | 10     |      | 29       | 9    | L       | 2013     |          |    |
| Bank card processing fee  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. American Express  Mailing Address PO Box 53852  City State Zip Code AZ 85072-3852  Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Date of Disbursement  Transaction ID: D150522  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Primary General President Other (specify) ▼  State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                    |             |                  |                     |        |             | Tr                                      | ansa   | ctio | n ID     | : D1 | 150521  |          |          |    |
| Office Sought: House Senate Primary General Other (specify)   State: District: District: Date of Disbursement  Full Name (Last, First, Middle Initial)  C. American Express  Mailing Address PO Box 53852  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Date of Disbursement  Transaction ID: D150522  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Primary General Other (specify)   State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | ·                                                  |             |                  | Г                   | -      | $\neg$      | Amo                                     | ount   | of E | ach      | Disk | ourseme | ent this | Peri     | od |
| Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C. American Express  Mailing Address PO Box 53852  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Bank card processing fee Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District:  Disbursement For: Senate Primary General Other (specify) ▼  State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | Candidate Name                                     |             |                  | Ca                  | ategor | γ/          |                                         | _      |      |          | _    |         |          | 7 OF     |    |
| Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C. American Express  Mailing Address PO Box 53852  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Bank card processing fee Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                    |             |                  |                     |        |             |                                         | _      |      | _        | -    | 7       |          | 7.95     | _  |
| State: District:  Full Name (Last, First, Middle Initial)  C. American Express  Mailing Address PO Box 53852  City Phoenix Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Office Sought: House President State: District:  Other (specify) ▼  Date of Disbursement  M M M / D D D / 31 / 2013  Transaction ID: D150522  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                    |             | Conoral          |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| State: District:  Full Name (Last, First, Middle Initial)  C. American Express  Mailing Address PO Box 53852  City Phoenix AZ State Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Office Sought: House President State: District:  Date of Disbursement  Transaction ID: D150522  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                    | •           |                  |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| C. American Express  Mailing Address PO Box 53852  City Phoenix AZ State Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Office Sought: House President State: District:  Date of Disbursement  M M M / 2013  Transaction ID: D150522  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  16.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                                    | Caror (oper | ony) <b>▼</b>    |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| Mailing Address PO Box 53852  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District: Transaction ID: D150522  Amount of Each Disbursement this Period General Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | •                                                  |             |                  |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  State: District:  Transaction ID : D150522  Amount of Each Disbursement this Period  Category/ Type  Anount of Each Disbursement this Period  Category/ Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C.       | American Express                                   |             |                  |                     |        |             | Dat                                     | e of   | Disb | urse     | mer  | it      |          |          |    |
| City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Office Sought: House Primary General President President  State: District:  Transaction ID : D150522  Amount of Each Disbursement this Period  Category/ Type  16.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | Mailing Address DO Pay 52952                       |             |                  |                     |        |             | 111                                     |        | /    |          |      | / Y     |          | Y        |    |
| Phoenix                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | Walling Address PO Box 55652                       |             |                  |                     |        |             |                                         | U      |      | 2        |      |         | 2013     |          |    |
| Phoenix                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                    |             | Zip Code         |                     |        |             | Tr                                      | ansa   | ctio | n ID     | · D1 | 50522   |          |          |    |
| Bank card processing fee  Candidate Name  Category/ Type  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  16.25  Office Sought: House Senate Primary General Other (specify) ▼  State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                    | AZ          | 85072-3852       |                     |        |             | • • • • • • • • • • • • • • • • • • • • | J. 136 |      | <i>ت</i> | . ح  |         |          |          |    |
| Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                                                    |             |                  |                     | -      |             |                                         |        | . –  |          | D: 1 |         |          | <b>.</b> |    |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          | Candidate Name                                     |             |                  |                     |        | y/          | Amo                                     | ount   | 01 E | acn      | DIS  | ourseme |          | _        |    |
| Senate Primary General Other (specify) ▼  State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | Office Sought: House Disbursen                     | nent For:   |                  |                     | .,,,,, |             |                                         |        |      | _        |      | 7       |          |          |    |
| State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                                    |             | General          |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| 40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          | President                                          | Other (spec | cify) 🔻          |                     |        |             |                                         |        |      |          |      |         |          |          |    |
| SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _        | State: District:                                   |             |                  |                     |        |             |                                         |        |      |          |      |         |          |          |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s        | UBTOTAL of Disbursements This Page (optional)      |             |                  |                     |        | <b>&gt;</b> |                                         |        |      |          |      | 7       | 4        | 0.99     |    |
| TOTAL This Period (last page this line number only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b> </b> | OTAL This Period (last page this line number only) |             |                  |                     |        | _           |                                         |        |      |          | Ī    |         |          |          | Ī  |

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| Use separate schedule(s) for each category of the petalled Summary Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SCHEDULE B (FEC Form 3X)                                                                                    |                                                               | FOR LINE I     | NUMBER:                                       | PAGE 54 OF 57                               |  |  |
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| Detailed Summary Pege                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TEMIZED DISBURSEMENTS                                                                                       |                                                               | (check only    | k only one)                                   |                                             |  |  |
| try information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.  NAME OF COMMITTEE (in Full)  American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial)  Bank Of America Merchant Services  Mailing Address WAZ-505-01-40 Purpose of Disbursement  Bank card processing lee  Candidate Name  Category/ Type  Date of Disbursement  State: District: Senate President Other (specify) ▼  State Zip Code Purpose of Disbursement  State: District: Senate President Other (specify) ▼  State: District: Senate President Other (specify) ▼  State: District: Senate President Other (specify) ▼  State: District: Senate Primary General Primary General President Other (specify) ▼  Amount of Each Disbursement  Category/ Type  Office Sought: House Disbursement For: Senate Primary General  |                                                                                                             |                                                               |                |                                               |                                             |  |  |
| Amount of Each Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  State  City  State  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Catego  | Anna information and all from the Decision 100 in                                                           |                                                               |                |                                               |                                             |  |  |
| American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial)  Bank Of America Merchant Services  Mailing Address VA2-505-01-40  PO Box 2485  City State Zip Code Senate Prisident Other (specify) ▼  State: District  Full Name (Last, First, Middle Initial)  State: Disbursement  Candidate Name  Category/  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/  Office Sought: House Senate Primary General  Condidate Name  Category/  Office Sought: House Primary General  Candidate Name  Category/  Office Sought: House Primary General  Other (specify) ▼  State: Zip Code  Purpose of Disbursement For: Category/ Type  Office Sought: House Primary General  Other (specify) ▼  State: Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House President  District: Full Name (Last, First, Middle Initial)  State: District: Full Name (Last, First, Middle Initial)  State: District: Amount of Each Disbursement this Period  Category/ Type  Office Sought: House President Other (specify) ▼  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House President Other (specify) ▼  State: Disbursement For: Category/ Type  Office Sought: House Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: Disbursement For: Senate Primary General Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Any information copied from such Reports and Statem<br>or for commercial purposes, other than using the nam | nents may not be sold or use<br>e and address of any politica | d by any perso | n for the purpose of solicit contributions fr | soliciting contributions om such committee. |  |  |
| Full Name (Last, First, Middle Initial)  Bank Of America Merchant Services  Mailing Address WA2-505-01-40 PO Box 2485  City State Zip Code WA 99210-2485  Primpose of Disbursement Bank card processing fee  Candidate Name  Office Sought: House Primary General President  District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |                                                               |                |                                               |                                             |  |  |
| Mailing Address WA2-505-01-40 PO Box 2485  City State Zip Code WA 99210-2485  Purpose of Disbursement  Bank card processing te  Candidate Name Category!  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code Prinary General Prinary General Prinary General Category!  Office Sought: House Prinary General Prinary General Prinary General Prinary General Prinary General Category!  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category!  Office Sought: House Senate Prinary General Prinary General Candidate Name Category!  Office Sought: House Prinary General Prinary General Category!  Other (specify) ▼  Date of Disbursement this Period  Category!  Other (specify) ▼  Amount of Each Disbursement this Period  Category!  Other (specify) ▼  Date of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement this Period  Category!  Other (specify) ▼  Date of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  Amount of Each Disbursement  Date of Disbursement  Da  | American Academy of Family Phys                                                                             | icians Political Action                                       | n Committe     | ee                                            |                                             |  |  |
| Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Spokane WA 99210-2485  Office Sought: House President Other (specify) ▼  Mailing Address City State Zip Code  Purpose of Disbursement  Senate President Disbursement  Candidate Name  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Disbursement this Period  Category/ Type  Disbursement Ecr: Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Disbursement this Period  Category/ Type  Disbursement Ecr: Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Disbursement Ecr: Category/ Type  Disbursement Candidate Name  Category/ Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Di  |                                                                                                             |                                                               |                | D : (D:)                                      |                                             |  |  |
| PO Box 2495 City Spokane WA 99210-2485 Purpose of Disbursement Batte: District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement Initial President State: District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement Initial President Senate President Disbursement For:  Senate President Disbursement For:  Cardidate Name  Candidate Name  Category/ Office Sought: House President Other (specify) ▼  Disbursement For:  Senate Primary General Other (specify) ▼  Date of Disbursement Inits Period  Category/ Type  Amount of Each Disbursement Inits Period  Category/ Type  Amount of Each Disbursement Inits Period  Category/ Type  Category/ Type  Amount of Each Disbursement Inits Period  Category/ Type  Category/ Type  Amount of Each Disbursement Inits Period  Category/ Type  Category/ Type  Date of Disbursement Inits Period  Category/ Type  Amount of Each Disbursement Inits Period  Category/ Type  Date of Disbursement Inits Period  Category/ Typ  | A. Bank Of America Merchant Service                                                                         | es .                                                          |                |                                               |                                             |  |  |
| City State Zip Code Spokane WA 98210-2485  Purpose of Disbursement Bank card processing fee  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General Primary Ge  | _                                                                                                           |                                                               |                | 10 02                                         | 2013                                        |  |  |
| Spokane WA 98210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: House President Other (specify)  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Amount of Each Disbursement this Period  Date of Disbursement  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: Other (specify)   State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House Disbursement For: General President State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House Disbursement For: General Primary Genera | -                                                                                                           | State Zin Code                                                |                |                                               |                                             |  |  |
| Bank card processing fee  Candidate Name  Category/ Type  State: Disbursement  Category/ Type  Disbursement  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement  Category/ Type  District:  Full Name (Last, First, Middle Initial)  Category/ Type  District:  Full Name (Last, First, Middle Initial)  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Date of Disbursement this Period  Date of Disbursement this Period  Date of Disbursement  Date of Disbursement this Period  Date of Disbursement this Period  Date of Disbursement  Date of Disbursement this Period  Date of Disbursement  Date of Disbursement this Period                                                                |                                                                                                             | · ·                                                           |                | Transaction ID : [                            | 0148669                                     |  |  |
| Category/ Type  Office Sought:  House  President  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Office Sought:  House  Primary  General  Other (specify) ▼  Senate  President  Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Date of Disbursement this Period  Date of Disbursement this Period  Category/ Type  Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  House  Primary  General  Primary  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  House  Primary  General  |                                                                                                             |                                                               |                | Amount of Each Di                             | sbursement this Period                      |  |  |
| Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Gandidate Name  Office Sought: House Senate President Other (specify) Type  Office Sought: President Other (specify) Type  Office Sought: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement For: General Other (specify) Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Office Sought: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Primary General Primary General Disbursement this Period  Office Sought: House Senate Primary General Disbursement For: General President Senate Primary General Disbursement For: Senate Primary General Disbursem | Candidate Name                                                                                              |                                                               | Category/      |                                               |                                             |  |  |
| Senate President Other (specify) ▼  State: Distric:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President Other (specify) ▼  Purpose of Disbursement For: Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement For: Senate President Other (specify) ▼  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate President Other (specify) ▼  State Zip Code  Purpose of Disbursement This Period  Office Sought: House Disbursement For: Senate President Other (specify) ▼  State District: State: District: Primary General Other (specify) ▼  Substotal of Disbursement This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                               |                |                                               | 312.63                                      |  |  |
| State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General President President State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement For: Primary General Other (specify) ▼  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement Tyre  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Category/ Type  Office Sought: House Disbursement For: Primary General Other (specify) ▼  State: District: Primary General Other (specify) ▼  State: District: Primary General Other (specify) ▼  Substate: District: Primary General Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                                                               |                |                                               |                                             |  |  |
| State: District: Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Cher (specify)   Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement For:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Cher (specify)   Category/ Type  Office Sought: House Disbursement For:  Candidate Name  Category/ Type  Office Sought: House Disbursement For:  Senate President Cher (specify)   State: District:  Substortal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                                               |                |                                               |                                             |  |  |
| Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Other (specify) ▼  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtrotal of Disbursement This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             | (opcony) ▼                                                    |                |                                               |                                             |  |  |
| City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate President State: Disbursement For:  Full Name (Last, First, Middle Initial)  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement  Category/ Type  Office Sought: House Disbursement For:  Candidate Name  Category/ Type  Office Sought: House Disbursement For:  Senate President Other (specify)   Senate Primary General Other (specify)   State: District:  Subtotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Full Name (Last, First, Middle Initial)                                                                     |                                                               |                |                                               |                                             |  |  |
| City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify) ▼  Senate President Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3.                                                                                                          |                                                               |                | Date of Disburseme                            | ent                                         |  |  |
| City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement For:  Full Name (Last, First, Middle Initial)  Category/ Type  Date of Disbursement  Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Substrotal of Disbursement For:  Senate Primary General Other (specify) ▼  Substrotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mailing Address                                                                                             |                                                               |                | M = M / D = D                                 | / Y Y Y Y Y                                 |  |  |
| Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement For:  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Office Sought: House Primary General Other (specify) ▼  Substitute District:  Substitute District:  Substitute Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mailing Address                                                                                             |                                                               |                |                                               |                                             |  |  |
| Candidate Name    Category/ Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City                                                                                                        | State Zip Code                                                |                |                                               |                                             |  |  |
| Candidate Name  Category/ Type  Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Purpose of Disbursement                                                                                     |                                                               |                |                                               |                                             |  |  |
| Office Sought: House Disbursement For: Senate Primary General Other (specify)   State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify)   State: District:  State: Disbursement For: General Other (specify)   State: Disbursement For: Senate Primary General Other (specify)   State: Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | One didata Nama                                                                                             |                                                               |                | Amount of Each Di                             | sbursement this Period                      |  |  |
| Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)   State: District:  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)   State: District:  Substate: District: 312.63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Candidate Name                                                                                              |                                                               |                |                                               |                                             |  |  |
| State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Subtotal of Disbursement For: Senate Primary General Other (specify)  State: District:  Subtotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Office Sought: House Disbursem                                                                              | nent For:                                                     | .,,,,          | <del></del>                                   | ,                                           |  |  |
| State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Subtotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             | •                                                             |                |                                               |                                             |  |  |
| Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Primary General President State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             | Other (specify) ▼                                             |                |                                               |                                             |  |  |
| Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Subtrotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                               |                |                                               |                                             |  |  |
| City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>2.</b>                                                                                                   |                                                               |                | Date of Disburseme                            | ent                                         |  |  |
| City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Moiling Addross                                                                                             |                                                               |                | M = M / D = D                                 | /                                           |  |  |
| Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President  State: District:  Substract: Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ivialiling Address                                                                                          |                                                               |                |                                               |                                             |  |  |
| Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City                                                                                                        | State Zip Code                                                |                |                                               |                                             |  |  |
| Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Purpose of Disbursement                                                                                     |                                                               |                |                                               |                                             |  |  |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Candidate Name                                                                                              |                                                               | Category/      | Amount of Each Di                             | sbursement this Period                      |  |  |
| Senate Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Office Sought: House Dishurs                                                                                | pont For:                                                     | Туре           |                                               |                                             |  |  |
| State: District: Other (specify)   SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                                                               |                |                                               |                                             |  |  |
| State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                               |                |                                               |                                             |  |  |
| 729 O7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                               |                |                                               |                                             |  |  |
| 729 O7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                               |                |                                               |                                             |  |  |
| 736.97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SUBTOTAL of Disbursements This Page (optional)                                                              |                                                               | ·····•         |                                               | 312.63                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL TIL D. 1.14. 1                                                                                        |                                                               |                |                                               | 736 97                                      |  |  |

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| SCHEDULE B (FEC Form 3X)                                                                                                          |                                                    | FOR LINE I  | NUMBER: PAGE               | 55 OF 57        |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------|----------------------------|-----------------|
| ITEMIZED DISBURSEMENTS                                                                                                            | Use separate schedule(s) for each category of the  | (check only | one)                       |                 |
|                                                                                                                                   | Detailed Summary Page                              | 21b         | 22 🗙 23 24                 | 25 26           |
| Г                                                                                                                                 |                                                    | 27          | 28a 28b 28c                | 29 30b          |
| Any information copied from such Reports and State or for commercial purposes, other than using the national commercial purposes. |                                                    |             |                            |                 |
| NAME OF COMMITTEE (In Full)                                                                                                       |                                                    |             |                            |                 |
| American Academy of Family Phys                                                                                                   | sicians Political Actio                            | on Committ  | ee                         |                 |
| Full Name (Last, First, Middle Initial)                                                                                           |                                                    |             | 5 . (5)                    |                 |
| A. ALAN LOWENTHAL FOR CONGR                                                                                                       | RESS                                               |             | Date of Disbursement       |                 |
| Mailing Address 6380 WILSHIRE BLVD., #1612                                                                                        |                                                    |             |                            | 2013            |
| City                                                                                                                              | State Zip Code                                     |             | Transaction ID - D440004   |                 |
| LOS ANGELES                                                                                                                       | CA 90048                                           |             | Transaction ID : D148964   |                 |
| Purpose of Disbursement Campaign contribution                                                                                     |                                                    |             | Amount of Each Disburseme  | ent this Period |
| Candidate Name                                                                                                                    |                                                    | Category/   |                            | 2500.00         |
| Rep. Alan Lowenthal                                                                                                               |                                                    | Type        |                            | 2500.00         |
| Office Sought: House Disburse Senate President                                                                                    | ment For: 2014 Primary ☐ General Other (specify) ▼ |             |                            |                 |
| State: CA District: 47                                                                                                            |                                                    |             |                            |                 |
| Full Name (Last, First, Middle Initial)                                                                                           |                                                    |             |                            |                 |
| B. DIANE BLACK FOR CONGRESS                                                                                                       |                                                    |             | Date of Disbursement       | Y • Y • Y       |
| Mailing Address PO Box 1437                                                                                                       |                                                    |             | 10 31                      | 2013            |
| City<br>Gallatin                                                                                                                  | State Zip Code<br>TN 37066                         |             | Transaction ID : D148966   |                 |
| Purpose of Disbursement Campaign contribution                                                                                     |                                                    |             | Amount of Each Disburseme  | ent this Period |
| Candidate Name                                                                                                                    |                                                    | Category/   |                            | 1000.00         |
| Rep. Diane Black                                                                                                                  |                                                    | Type        |                            | 1000.00         |
|                                                                                                                                   | ment For: 2014 Primary General Other (specify)     |             |                            |                 |
| Full Name (Last, First, Middle Initial)                                                                                           |                                                    |             |                            |                 |
| C. ROBIN KELLY FOR CONGRESS                                                                                                       |                                                    |             | Date of Disbursement       |                 |
|                                                                                                                                   |                                                    |             | M M / D D / Y              | YYYY            |
| Mailing Address PO BOX 6953                                                                                                       |                                                    |             | 10 31                      | 2013            |
| City                                                                                                                              | State Zip Code                                     |             | Transaction ID : D148965   |                 |
| CHICAGO Purpose of Disbursement                                                                                                   | IL 60680                                           |             |                            |                 |
| Campaign contribution                                                                                                             |                                                    |             | Amount of Each Disburseme  | ant this Period |
| Candidate Name                                                                                                                    |                                                    | Category/   | Amount of Lacif Disburseme | ant this renod  |
| Rep. Robin Kelly                                                                                                                  |                                                    | Type        |                            | 1000.00         |
| Senate President                                                                                                                  | ment For: 2014 Primary General Other (specify)     |             |                            |                 |
| State: IL District: 02                                                                                                            |                                                    |             |                            |                 |
| SUBTOTAL of Disbursements This Page (optional).                                                                                   |                                                    | <u> </u>    | 7 7                        | 4500.00         |
| TOTAL This Period (last page this line number only                                                                                | )                                                  |             |                            |                 |

| SCHEDULE B (FEC Form 3X)                                        |                                                | . FOR LINE            | NUMBER:                    | PAGE 56 OF 57        |  |  |  |
|-----------------------------------------------------------------|------------------------------------------------|-----------------------|----------------------------|----------------------|--|--|--|
| ITEMIZED DISBURSEMENTS                                          | Use separate schedule for each category of the | (check only           | ck only one)               |                      |  |  |  |
| <del> </del>                                                    | Detailed Summary Pag                           | ae   $\square^{210}$  | 22 🗙 23                    | 24 25 26             |  |  |  |
|                                                                 |                                                | 27                    |                            | 28c 29 30            |  |  |  |
| Any information copied from such Reports and Staten             |                                                |                       |                            |                      |  |  |  |
| or for commercial purposes, other than using the nam            | ne and address of any po                       | olitical committee to | Solicit contributions from | 1 such committee.    |  |  |  |
| NAME OF COMMITTEE (In Full)                                     | dalama Dalkiaal Aa                             |                       | <b>.</b>                   |                      |  |  |  |
| American Academy of Family Phys                                 | sicians Political Ad                           | ction Commit          | tee                        |                      |  |  |  |
| Full Name (Last, First, Middle Initial)                         |                                                |                       |                            |                      |  |  |  |
| A. GRASSLEY COMMITTEE INC                                       |                                                |                       | Date of Disbursement       | t                    |  |  |  |
| Mailing Address DO DOV 4000                                     |                                                |                       | M M / D D                  | 2012                 |  |  |  |
| Mailing Address PO BOX 1000                                     |                                                |                       | 10 31                      | 2013                 |  |  |  |
| City                                                            | State Zip Code                                 |                       | Towns and an ID D4         | 40005                |  |  |  |
| DES MOINES                                                      | IA 50304                                       |                       | Transaction ID : D1        | 49065                |  |  |  |
| Purpose of Disbursement Campaign contribution                   |                                                |                       | Amount of Each Disb        | ursement this Period |  |  |  |
| Candidate Name                                                  |                                                | Category/             |                            | 2000.00              |  |  |  |
| Sen. Charles E. Grassley                                        |                                                | Type                  |                            | 2000.00              |  |  |  |
|                                                                 | nent For: 2016                                 | al .                  |                            |                      |  |  |  |
| Senate President                                                | Primary Genera Other (specify) ▼               | al .                  |                            |                      |  |  |  |
| State: IA District: 00                                          | Office (Specify)                               |                       |                            |                      |  |  |  |
| Full Name (Last, First, Middle Initial)                         |                                                |                       |                            |                      |  |  |  |
| B. WYDEN FOR SENATE                                             |                                                |                       | Date of Disbursement       | t                    |  |  |  |
|                                                                 |                                                |                       | M = M / D = D              | / Y Y Y Y Y          |  |  |  |
| Mailing Address 232 NE 9TH AVENUE                               |                                                |                       | 10 31                      | 2013                 |  |  |  |
|                                                                 | State Zip Code                                 |                       | Transaction ID : D1        | 48963                |  |  |  |
| PORTLAND Purpose of Disbursement                                | OR 97232                                       |                       |                            |                      |  |  |  |
| Campaign contribution                                           |                                                |                       | Amount of Each Disb        | ursement this Period |  |  |  |
| Candidate Name                                                  |                                                | Category/             |                            |                      |  |  |  |
| Sen. Ron Wyden                                                  |                                                | Type                  |                            | 2500.00              |  |  |  |
|                                                                 | ment For: 2016                                 | '                     |                            |                      |  |  |  |
|                                                                 | Primary Genera                                 | ıl                    |                            |                      |  |  |  |
| President President                                             | Other (specify) ▼                              |                       |                            |                      |  |  |  |
| State: OR District: 00  Full Name (Last, First, Middle Initial) |                                                |                       |                            |                      |  |  |  |
| C.                                                              |                                                |                       | Date of Disbursement       | t                    |  |  |  |
|                                                                 |                                                |                       | M = M / D = D              | / Y Y Y Y            |  |  |  |
| Mailing Address                                                 |                                                |                       |                            |                      |  |  |  |
| City                                                            | State Zip Code                                 |                       |                            |                      |  |  |  |
| Purpose of Disbursement                                         |                                                |                       |                            |                      |  |  |  |
| Pulpose of Dispulsement                                         |                                                |                       |                            |                      |  |  |  |
| Candidate Name                                                  |                                                | 0.11                  | Amount of Each Disb        | ursement this Period |  |  |  |
|                                                                 |                                                | Category/<br>Type     |                            |                      |  |  |  |
| Office Sought: House Disburser                                  | nent For:                                      |                       | 7                          | 7                    |  |  |  |
|                                                                 | Primary General                                | ıl                    |                            |                      |  |  |  |
| President                                                       | Other (specify) ▼                              |                       |                            |                      |  |  |  |
| State: District:                                                |                                                |                       |                            |                      |  |  |  |
| CURTOTAL of Dishumananta This Day (and the                      |                                                |                       |                            | 4500.00              |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)                  |                                                | ·····                 |                            | 1000.00              |  |  |  |
| TOTAL This Period (last page this line number only)             |                                                |                       |                            | 9000.00              |  |  |  |
| ( p                                                             |                                                |                       |                            |                      |  |  |  |

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| SCHEDULE B (FEC Form 3X)                                                                                 |                                                  | FOR LINE NUMBER: PAGE |                   |                         |  |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|-------------------|-------------------------|--|
| ITEMIZED DISBURSEMENTS                                                                                   | Use separate schedule(s for each category of the | (orlean orli)         | / one)<br>22 23 7 |                         |  |
|                                                                                                          | Detailed Summary Page                            | 21b                   | 24 25 26          |                         |  |
| [                                                                                                        |                                                  | 27                    | X 28a 28b         | 28c 29 30b              |  |
| Any information copied from such Reports and Stater or for commercial purposes, other than using the nar |                                                  |                       |                   |                         |  |
| NAME OF COMMITTEE (In Full)                                                                              | 71                                               |                       |                   |                         |  |
| American Academy of Family Phys                                                                          | sicians Political Acti                           | on Commit             | tee               |                         |  |
| Full Name (Last, First, Middle Initial)                                                                  |                                                  |                       |                   |                         |  |
| A. Dr. John W Aldis MD                                                                                   |                                                  |                       | Date of Disbursem |                         |  |
| Mailing Address 4911 River Rd                                                                            |                                                  |                       | 10 02             | 2013                    |  |
| ,                                                                                                        | State Zip Code WV 25443-5066                     |                       | Transaction ID :  | D148552                 |  |
| Shepherdstown Purpose of Disbursement                                                                    | WV 25443-5066                                    |                       |                   |                         |  |
| Refund of PAC donation made on 9-19-13                                                                   |                                                  |                       | Amount of Each D  | isbursement this Period |  |
| Candidate Name                                                                                           |                                                  | Category/             |                   | 250.00                  |  |
|                                                                                                          |                                                  | Type                  |                   | 250.00                  |  |
| Office Sought: House Disburser Senate                                                                    | ment For:                                        |                       |                   |                         |  |
| President                                                                                                | Primary General Other (specify) ▼                |                       |                   |                         |  |
| State: District:                                                                                         | Other (opeony)                                   |                       |                   |                         |  |
| Full Name (Last, First, Middle Initial)                                                                  |                                                  |                       |                   |                         |  |
| B. Dr. John W Aldis MD                                                                                   |                                                  |                       | Date of Disbursem | ent                     |  |
|                                                                                                          |                                                  |                       | M M / D D         | / Y Y Y Y Y             |  |
| Mailing Address 4911 River Rd                                                                            |                                                  |                       | 10 02             | 2013                    |  |
| •                                                                                                        | State Zip Code                                   |                       | Transaction ID :  | D148553                 |  |
| Shepherdstown Purpose of Disbursement                                                                    | WV 25443-5066                                    |                       |                   |                         |  |
| Refund of PAC donation made on 7-31-13                                                                   |                                                  |                       | Amount of Each D  | isbursement this Period |  |
| Candidate Name                                                                                           |                                                  | Category/             |                   |                         |  |
|                                                                                                          |                                                  | Type                  |                   | 250.00                  |  |
|                                                                                                          | ment For:                                        |                       |                   |                         |  |
| Senate                                                                                                   | Primary General                                  |                       |                   |                         |  |
| President State: District:                                                                               | Other (specify) ▼                                |                       |                   |                         |  |
| Full Name (Last, First, Middle Initial)                                                                  |                                                  |                       |                   |                         |  |
| C.                                                                                                       |                                                  |                       | Date of Disbursem | ent                     |  |
|                                                                                                          |                                                  |                       | M M / D D         | /                       |  |
| Mailing Address                                                                                          |                                                  |                       |                   |                         |  |
| City                                                                                                     | State Zip Code                                   |                       |                   |                         |  |
| Purpose of Disbursement                                                                                  |                                                  |                       |                   |                         |  |
| . a.pasa a. 2.020.00                                                                                     |                                                  |                       | Amount of Each D  | isbursement this Period |  |
| Candidate Name                                                                                           |                                                  | Category/<br>Type     | Amount of Each B  | isbursement this i chou |  |
| Office Sought: House Disburser                                                                           | ment For:                                        | .,,,                  |                   |                         |  |
| Senate                                                                                                   | Primary General                                  |                       |                   |                         |  |
| President                                                                                                | Other (specify) ▼                                |                       |                   |                         |  |
| State: District:                                                                                         |                                                  |                       |                   |                         |  |
| SUBTOTAL of Disbursements This Page (optional)                                                           |                                                  |                       |                   | 500.00                  |  |
| j /                                                                                                      |                                                  |                       |                   |                         |  |
| TOTAL This Period (last page this line number only)                                                      | )                                                |                       |                   | 500.00                  |  |